2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# L06000063902

Entity Name: ALLIED CARE LLC

Current Principal Place of Business:

8708 SAN PABLO AVE.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

8708 SAN PABLO AVE.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 56-2594159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHARITON, LARISSA
8708 SAN PABLO AVE.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KHARITON, LARISSA
Address: 8708 SAN PABLO AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM
Name: CLARK, JON
Address: 8708 SAN PABLO AVE.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: AN ACCT 04/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date