2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082200

Entity Name: 1ST CLASS CARE, LLC

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

412 CYPRESS GARDENS BLVD SE 907 6TH ST NW

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

412 CYPRESS GARDENS BLVD SE 907 6TH ST NW

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33881

FEI Number: 86-1173503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED FREIDA, HART MISS 1203 GOVERNORS SQUARE BLVD STE 101

595 AVÉ M SE TALLAHASSEE, FL 323012960 US WINTER HAVEN, FL 33880 US

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: FREIDA HART 04/09/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition

APTOR, ANDREW SABEL, ROBERT H MR Name: Name: Address: 412 CYPRESS GARDENS BLVD SE Address: 907 6TH ST NW

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 Statutes.

SIGNATURE: ROBERT H SABEL 04/09/2007