

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094960

Entity Name: HOLIDAY CARE CENTERS, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

529 SOUTH FLAGLER DRIVE
APT 18G
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

529 SOUTH FLAGLER DRIVE
APT 18G
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-5661189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENSTEIN, RICHARD A
853 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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 () Delete
Name: SADOW, SAMUEL H
Address: 529 SOUTH FLAGLER DRIVE APT 18G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MRGM () Delete
Name: MANKIEWICZ, BRUNA
Address: 529 SOUTH FLAGLER DRIVE APT 18G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MANKIEWICZ, JASON T
Address: 7306 SEA PINES COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: SAMUEL H SADOW, MD

MGRM

04/27/2008

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