2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L06000100928

Entity Name: ADVANCED CAREGIVERS LLC

Current Principal Place of Business:

18001 OLD CUTLER RD
#421
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD
#421
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES, FL 33143 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: MR ( ) Delete
Name: BLOODWORTH, WILLIAM L CEO
Address: 18001 OLD CUTLER ROAD # 421
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

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

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: WILLIAM BLOODWORTH MR 03/26/2009

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