

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000100928

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**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:** 26-3923515

**FEI Number Applied For ( )**

**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  
Name: BLOODWORTH, WILLIAM L CEO  
Address: 7480 SW 170 TERR  
City-St-Zip: PALMETTO BAY, FL 33157

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 Statutes.

SIGNATURE: WILLIAM BLOODWORTH

CEO

03/16/2010

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