

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103077

Entity Name: JNP SENIOR CARE, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

5449 S SEMORAN BLVD
STE 226
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

5449 S SEMORAN BLVD
STE 226
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 20-5785045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JURADO, ISABEL I
4816 ADMEE CIR.
ORLANDO, FL 32822 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: JURADO, ISABEL I
Address: 4816 ADMEE CIR.
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM () Delete
Name: PULA, NELSON
Address: 4816 ADMEE CIR.
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

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

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: NELSON PULA

MGR

07/05/2007

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