

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120771

FILED
Feb 13, 2009
Secretary of State

Entity Name: ARBOR CARE BY WILSON, LLC

Current Principal Place of Business:

28351 SOUTH TAMiami TRAIL
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M. WICKER P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 20-8075721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, MICHAEL WAYNE
Address: 27411 ELWOOD DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: WILSON, WILLIAM F
Address: 10641 WOOD IBIS AVENUE
City-St-Zip: BONITA SPRINGS, FL 34135

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: WILLIAM F. WILSON

MGRM

02/13/2009

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