

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120771

FILED
Apr 29, 2010
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
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907 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
Name: WILSON, MICHAEL WAYNE
Address: 27411 ELWOOD DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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

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: MIKE WILSON

MGRM

04/29/2010

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