2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State
07-30-2008 90009 045 ***138.75

DOCUMENT # L07000015129

1. Entity Name
SEQUELCARE OF FLORIDA, LLC

60045901

Principal Place of Business	Mailing Address
12220 OAK BROOK DRIVE URBANDALE, IA 50323	12220 OAK BROOK DRIVE URBANDALE, IA 50323

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3491 Gandy Blvd	3491 Gandy Blvd
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Pinellas Park, Fl	City & State Pinellas Park, Fl
Zip 33781 Country USA	Zip 33781 Country USA

07172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1919487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 **Due by September 12, 2008**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEQUEL CBS HOLDINGS, LLC 12220 OAK BROOK DR URBANDALE, IA 50323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sequel CBS Holdings, LLC 456 Tennis Ave, Ambler, PA 19002	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature], Representative 7/18/08 215-284-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #