

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026990

FILED
Jan 30, 2009
Secretary of State

Entity Name: CALVARY KIDS CARE, LLC

Current Principal Place of Business:

8900 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

8900 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 26-3930062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
11603 LIPSEY ROAD
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

O'CONNOR, JAMES
2310 COVINA WAY SOUTH
ST. PETERSBURG, FL 33712 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: JAMES O'CONNOR

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRS () Delete
Name: O'CONNOR, JAMES
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP () Delete
Name: WOODHOUSE, KAREN
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: TRES () Delete
Name: SEDDIO, JOSEPH
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: O'CONNOR, JAMES
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D (X) Change () Addition
Name: WOODHOUSE, KAREN
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: T (X) Change () Addition
Name: SEDDIO, JOSEPH
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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: JOSEPH M. SEDDIO

T

01/30/2009

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