

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030048

FILED
Apr 05, 2009
Secretary of State

Entity Name: COLLINS HEALTHCARE, LLC

Current Principal Place of Business:

6795 SW 131ST PLACE
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

6795 SW 131ST PLACE
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 20-8675276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J. D. SUMTER & ASSOCIATES, INC.
16840 S US HWY 441
SUITE 405
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

COLLINS, PAUL E DR
6795 SW 131ST PLACE
OCALA, FL 34473 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: PEC

04/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLINS, PAUL E
Address: 6795 SW 131ST PLACE
City-St-Zip: Ocala, FL 34473 US

ADDITIONS/CHANGES:

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: PEC

MGRM

04/05/2009

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