2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L07000052815

Entity Name: SLOPE CARE, LLC

Current Principal Place of Business:

469 HERNDON AVE, STE B
ORLANDO, FL 327147424 US

New Principal Place of Business:

469 HERNDON AVE, STE B
ORLANDO, FL 32803 US

Current Mailing Address:

469 HERNDON AVE, STE B
ORLANDO, FL 327147424 US

New Mailing Address:

469 HERNDON AVE, STE B
ORLANDO, FL 32803 US

FEI Number: 26-0220776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, DAVID S
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 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: MGR ( ) Delete
Name: BERTOU, DANIEL
Address: 618 ORCHID LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR ( ) Delete
Name: WOOD, STANLEY L
Address: 7747 DANU DRIVE
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BERTOU, DANIEL
Address: 469 HERNDON AVENUE, SUITE B
City-St-Zip: ORLANDO, FL 32803 US

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: DANIEL BERTOU MGR 02/25/2009

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