

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054622

FILED
Feb 18, 2011
Secretary of State

Entity Name: COMPASSIONATE CARE NR LLC

Current Principal Place of Business:

9435 MCANEENY CT.
WELLINGTON, FL 33414 US

New Principal Place of Business:

1500 GATEWAY BLVD.
SUITE 220
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

9435 MCANEENY CT.
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 26-0220063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIANKA, LORI
1500 GATEWAY BLVD.
SUITE 220
BOYNTON BEACH, FL 33426 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: KIANKA, LORI
Address: 9435 MCANEENY CT.
City-St-Zip: WELLINGTON, FL 33414 US

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: LORI KIANKA

MGR

02/18/2011

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