

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056841

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: COMMUNITY FAMILY CARE, LLC

**Current Principal Place of Business:**

600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 26-0268412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PULGAR, MARIO  
600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125 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 ( ) Delete  
Name: ALFONSO, JULIO C  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: PULGAR, MARIO  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

Title: DIR ( ) Delete  
Name: SCHEURICH, RICHARD  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

Title: DIR (X) Delete  
Name: TORREJON, ARIANNA  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SANTAMARINA, ALBERTO MD  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

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: MARIO PULGAR

MGRM

01/22/2008

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