

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065462

Entity Name: TOTAL FAMILY CARE LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

10743 NARCOOSSEE RD.
A-11
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

10743 NARCOOSSEE RD.
A-11
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 26-0403524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LE, HUGH
10743 NARCOOSSEE RD.
A-11
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

LE, HUGH
10743 NARCOOSSEE RD. SUITE A-11
A-11
ORLANDO, FL 32832 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: HUGH LE

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LE, HUGH
Address: 10743 NARCOOSSEE RD.
City-St-Zip: ORLANDO, FL 32832

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LE, HUGH
Address: 10743 NARCOOSSEE RD. SUITE A-11
City-St-Zip: ORLANDO, FL 32832

Title: MD () Change (X) Addition
Name: NGUYEN, MICHELLE M
Address: 10743 NARCOOSSEE RD. SUITE A-11
City-St-Zip: ORLANDO, FL 32832

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: HUGH LE

MGRM

04/14/2009

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