


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90020 027 ***143.75

DOCUMENT # L07000118147	
1. Entity Name ADVANCE CARE SERVICES LIMITED LIABILITY COMPANY	

Principal Place of Business 975 DEER SPRING DRIVE JACKSONVILLE, FL 32221	Mailing Address 975 DEER SPRING DRIVE JACKSONVILLE, FL 32221
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2. Principal Place of Business - No P.O. Box # 975 DEER SPRING DR	3. Mailing Address 975 DEER SPRING DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JAX - FLORIDA	City & State JAX - FLORIDA
Zip 32221	Zip 32221
Country Duval	Country Duval

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1435148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARRIE-DIALLO, BINTA 975 DEER SPRING DRIVE JACKSONVILLE, FL 32221	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRIE-DIALLO, BINTA 975 DEER SPRING DRIVE JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: B. Diallo 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #