

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121317

FILED
Apr 30, 2008
Secretary of State

Entity Name: GENESIS GERIATRIC CARE MANAGEMENT, LLC

Current Principal Place of Business:

2129 W. SWANSON DRIVE
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 641208
BEVERLY HILLS, FL 34464

New Mailing Address:

2129 W. SWANSON DRIVE
CITRUS SPRINGS, FL 34434

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAST, JEFFREY
2129 W. SWANSON DRIVE
CITRUS SPRINGS, FL 34434 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: MAST, MARCEY
Address: P.O. BOX 641208
City-St-Zip: BEVERLY HILLS, FL 34464

Title: MGR () Delete
Name: MAST, JEFFREY
Address: P.O. BOX 641208
City-St-Zip: BEVERLY HILLS, FL 34464

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAST, MARCEY
Address: 2129 W. SWANSON DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: MGR (X) Change () Addition
Name: MAST, JEFFREY
Address: 2129 W. SWANSON DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

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: MARCEY MAST

MGR

04/30/2008

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