2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L07000123173

Entity Name: DEDICATED CAREGIVERS, LLC

Current Principal Place of Business:

4141 NW 5TH STREET
SUITE 100 RM 10
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

4141 NW 5TH STREET
SUITE 100 RM 10
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 32-0227743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARKINSON, ERROL S
4141 NW 5TH STREET
SUITE 100 RM 10
PLANTATION, FL 33317 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: PARKINSON, MAUREEN A
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM ( ) Delete
Name: PARKINSON, ERROL S
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

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

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: ERROL S PARKINSON MGRM 01/06/2009

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