2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# L08000002504

Entity Name: NEIGHBORLY INTEGRATED CARE, LLC

Current Principal Place of Business:

12425 28TH STREET NORTH, STE 200
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

12425 28TH STREET NORTH, STE 200
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 26-2157937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHADE, DEBRA A CEO
12425 28TH STREET NORTH, STE 200
ST. PETERSBURG, FL 33716 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: CEO
Name: SHADE, DEBRA
Address: 12425 28TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33716

Title: CD
Name: BETHELL, EVELYN
Address: 12425 28TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VD
Name: MORGAN, JAY
Address: 12425 28TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SD
Name: JACKSON, KIMBERLY
Address: 12425 28TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TD
Name: FAULKNER, GERSHOM
Address: 12425 28TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 Statues.

SIGNATURE: DEBRA SHADE PRES 01/05/2010

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