2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# L08000015244

Entity Name: WELL CARED NURSING AGENCY, LLC

Current Principal Place of Business:

21 NORTH HEPBURN AVE., SUITE 21
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

21 NORTH HEPBURN AVE., SUITE 21
JUPITER, FL 33458

New Mailing Address:

FEI Number: 22-3976187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: HUNTER, ADRIANA
Address: 21 NORTH HEPBURN AVE., SUITE 21
City-St-Zip: JUPITER, FL 33458

Title: MGR
Name: HUNTER, DERRICK JR.
Address: 21 NORTH HEPBURN AVE., SUITE 21
City-St-Zip: JUPITER, FL 33458

Title: T
Name: HUNTER, ADRIAN
Address: 21 NORTH HEPBURN AVE., SUITE 21
City-St-Zip: JUPITER, FL 33458

Title: S
Name: MACK, ANGELA
Address: 21 NORTH HEPBURN AVE., SUITE 21
City-St-Zip: JUPITER, FL 33458

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: ADRIANA HUNTER MGR 05/04/2010

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