

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015246

FILED
Apr 29, 2011
Secretary of State

Entity Name: WELL CARED NURSING ACADEMY, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

6895 3RD STREET
JUPITER, FL 33458

Current Mailing Address:

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

New Mailing Address:

6895 3RD STREET
JUPITER, FL 33458

FEI Number: 22-3976186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 6895 3RD STREET
City-St-Zip: JUPITER, FL 33458

Title: MGR
Name: HUNTER, DERRICK JR
Address: 6895 3RD STREET
City-St-Zip: JUPITER, FL 33458

Title: T
Name: HUNTER, ADRIAN
Address: 6895 3RD STREET
City-St-Zip: JUPITER, FL 33458

Title: S
Name: MACK, ANGELA
Address: 6895 3RD STREET
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 Statutes.

SIGNATURE: ADRIANA HUNTER

MGR

04/29/2011

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