

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032519

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** TAKE CARE ADVISOR, LLC

**Current Principal Place of Business:**

3920 BEE RIDGE ROAD  
BUILDING D, SUITE 101  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

3920 BEE RIDGE ROAD  
BUILDING D, SUITE 101  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 65-0554399      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISE, SUSANNE S  
3982 BEE RIDGE ROAD  
BUILDING H, SUITE A  
SARASOTA, FL 34233 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:** WISE, SUSANNE S  
**Address:** 3982 BEE RIDGE ROAD, BUILDING H SUITE A  
**City-St-Zip:** SARASOTA, FL 34233

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: SUSANNE S. WISE      MGR      03/19/2010

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