2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000033824

Entity Name: CFP CARE TEAM, LLC

Current Principal Place of Business:

985 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

985 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 33-1210464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAIRES & HAMMOND, P.L.
283 CRANES ROOST BLVD.
SUITE 165
ALTAMONTE SPRINGS, FL 32701 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: PT ( ) Delete
Name: SELZNICK, STEVEN H D.O.
Address: 985 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL 32707

Title: VPS ( ) Delete
Name: THOMAS, HUGH W D.O.
Address: 985 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL 32707

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: STEVEN H. SELZNICK PT 04/28/2009

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