

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033824

Entity Name: CFP CARE TEAM, LLC

FILED
Apr 18, 2012
Secretary of State

Current Principal Place of Business:

985 S.R. 436
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

985 S.R. 436
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 33-1210464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: SELZNICK, STEVEN H D.O.
Address: 985 S.R. 436
City-St-Zip: CASSELBERRY, FL 32707

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

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: STEVEN H. SELZNICK

DR.

04/18/2012

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