

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034841

Entity Name: CARTER HEALTH, L.L.C.

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2121 S HIAWASSEE RD, UNIT 4530  
ORLANDO, FL 32835

**New Principal Place of Business:**

7670 MILANO DRIVE  
ORLANDO, FL 32835

**Current Mailing Address:**

7670 MILANO DRIVE  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 26-2352332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHICK, DAVID L ESQ  
301 E PINE STREET STE 1400  
ORLANDO, FL 32801 US

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

CARTER, RODNEY PRES  
7670 MILANO DRIVE  
ORLANDO, FL 32835 US

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: RODNEY CARTER

01/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: CARTER, RODNEY  
Address: 7670 MILANO DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: RODNEY CARTER

PRES

01/21/2010

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