

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036090

FILED
Jul 24, 2009
Secretary of State

Entity Name: ADVANCE PROFESSIONAL CARE, LLC

Current Principal Place of Business:

1226 N PINE HILLS RD.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

1226 N PINE HILLS RD.
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 26-2763440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

PETRIE, CHRISTOPHER J
1226 N PINE HILLS RD
ORLANDO, FL 32808 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: CHRISTOPHER J PETRIE

07/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETRIE, CHRISTOPHER J
Address: 1226 N PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETRIE, CHRISTOPHER J
Address: 1226 N PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32808 US

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: CHRISTOPHER J PETRIE

MGRM

07/24/2009

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