

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039992

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: INNOVATIONS AVOCARE, LLC

## Current Principal Place of Business:

565 FRANK SHAW ROAD  
TALLAHASSEE, FL 323011043

## New Principal Place of Business:

## Current Mailing Address:

3411-B CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 323084425

## New Mailing Address:

FEI Number: 26-2470007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: VP ( ) Change (X) Addition  
Name: JACOBUS, WILLIAM R  
Address: 3411-B CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: CEO ( ) Change (X) Addition  
Name: DRAPER, LONNIE M DR.  
Address: 4311-B CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP ( ) Change (X) Addition  
Name: DRAPER, BRENDAN E  
Address: 3411-B CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP ( ) Change (X) Addition  
Name: FOX, BENJAMIN  
Address: 3411-B CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP ( ) Change (X) Addition  
Name: FINN, ZACHARY  
Address: 3411-B CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 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: WILLIAM R. JACOBUS

VP

03/20/2009

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