

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 08, 2010
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:

3411-B CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 323084425

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: VP
Name: JACOBUS, WILLIAM R
Address: 3411-B CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

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

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

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

Title: VP
Name: FINN, ZACHARY
Address: 3411-B CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

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: WILLIAM R. JACOBUS

VP

01/08/2010

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