

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043139

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SENIOR CARE CONSULTANTS, PL

**Current Principal Place of Business:**

19830 NW 2ND STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

6321 NW 179 TERRACE  
HIALEAH, FL 33015 US

**Current Mailing Address:**

19830 NW 2ND STREET  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

6321 NW 179 TERRACE  
HIALEAH, FL 33015 US

**FEI Number:** 26-2532706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORDE, ESAN N MGRM  
19830 NW 2ND STREET  
PEMBROKE PINES, FL 33029 US

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

FORDE, ESAN N MGRM  
6321 NW 179 TERRACE  
HIALEAH, FL 33015 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FORDE, ESAN N MGRM  
Address: 6321 NW 179 TERRACE  
City-St-Zip: HIALEAH, FL 33015 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: ESAN N FORDE

MGRM

01/05/2010

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