

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047752

Entity Name: CERTIFIED CARE, LLC

FILED
Jan 09, 2012
Secretary of State

Current Principal Place of Business:

21637 BELHAVEN WAY
ESTERO, FL 33928 US

New Principal Place of Business:

3403 HANCOCK BRIDGE PKWY
SUITE 1
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

21637 BELHAVEN WAY
ESTERO, FL 33928 US

New Mailing Address:

3403 HANCOCK BRIDGE PKWY
SUITE 1
NORTH FORT MYERS, FL 33903 US

FEI Number: 26-2596135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENAUD, DAVID R
21637 BELHAVEN WAY
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

RENAUD, DAVID R
3426 HANCOCK BRIDGE PKWY
#604
NORTH FORT MYERS, FL 33903 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: DAVID RENAUD

01/09/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RENAUD, DAVID R
Address: 3426 HANCOCK BRIDGE PKWY #604
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DAVID RENAUD

MGR

01/09/2012

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