

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051376

FILED
Feb 09, 2010
Secretary of State

Entity Name: EXTREME CARE SERVICES LLC

Current Principal Place of Business:

5604 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5604 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-2663417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, AMANDA
5604 TOWN N COUNTRY BLVD
TAMPA, FL 33615 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: MGRM
Name: JACKSON, AMANDA
Address: 5604 TOWN N COUNTRY BLVD
City-St-Zip: TAMPA, FL 33615

Title: MGRM
Name: ROSARIO, EVELYN
Address: 5604 TOWN N COUNTRY BLVD
City-St-Zip: TAMPA, FL 33615

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: EVELYN ROSARIO

MGRM

02/09/2010

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