

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063876

FILED
Jan 06, 2010
Secretary of State

Entity Name: EXECUTIVE MANAGEMENT FOR ADULT CARE, LLC

Current Principal Place of Business:

3357 TWIN LAKES LANE
SANIBEL, FL 33957

New Principal Place of Business:

16231 CUTTER'S CT.
FORT MYERS, FL 33908

Current Mailing Address:

3357 TWIN LAKES LANE
SANIBEL, FL 33957

New Mailing Address:

16231 CUTTER'S CT.
FORT MYERS, FL 33908

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MARCIA E
3357 TWIN LAKES LANE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

FOWLER, MARCIA E
16231 CUTTER'S CT
FORT MYERS, FL 33908 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:

01/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FOWLER, MARCIA E
Address: 16231 CUTTER'S CT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR
Name: SIMMONS, GLEN R
Address: 16231 CUTTER'S CT.
City-St-Zip: FORT MYERS, FL 33908

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: MARCIA E. FOWLER

MGR

01/06/2010

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