

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072069

**FILED**  
**May 22, 2012**  
**Secretary of State**

**Entity Name:** CARING HEARTS NURSING & REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

4255 US HIGHWAY 1 S # 18  
ST. AUGUSTINE, FL 320867002

**New Principal Place of Business:**

**Current Mailing Address:**

3438 SHREWSBURY RD  
ABINGDON, MD 21009

**New Mailing Address:**

**FEI Number:** 26-3067475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, MARIE  
4255 US HIGHWAY 1 S # 18  
ST. AUGUSTINE, FL 320867002 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: JOHNSON, MARIE  
Address: 3438 SHREWSBURY RD.  
City-St-Zip: ABINGDON, MD 21009

Title: MGRM  
Name: FAHNBUTU, JOHN  
Address: 3438 SHREWSBUR RD.  
City-St-Zip: ABINGDON, MD 21009

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: MARIE JOHNSON

MGRM

05/22/2012

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