2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073726

1970 NE 119TH RD

City-St-Zip: NORTH MIAMI, FL 33181 US

Address:

Entity Name: PROVIDENT CARE MANAGEMENT, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7511 N.W. TAMARAC	. 64TH C, FL 33321	US			
Current Mailing Address:			New Mailing Address:		
7511 N.W. TAMARAC	. 64TH C, FL 33321	US	12685 MAPLE RD NORTH MIAMI, FL 3	3181 US	
FEI Number	: 26-3143148	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
OH, TAEH 12685 MAI NORTH M		31 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both	
SIGNATUI	RE:				
Electronic Signature of Registered Age			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	OH, TAEHO 12685 MAPLE) Delete RD , FL 33181 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KOBETZ, LOF 20200 NW 8T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR (SOTOMAYOR) Delete , JOSE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: TAEHO OH MGR 03/23/2009