

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073726

FILED
Apr 26, 2012
Secretary of State

Entity Name: PROVIDENT CARE MANAGEMENT, LLC

Current Principal Place of Business:

6412 NORTH UNIVERSITY DR
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

12685 MAPLE RD
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 26-3143148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OH, TAEHO
12685 MAPLE RD
NORTH MIAMI, FL 33181 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: MGR
Name: OH, TAEHO
Address: 12685 MAPLE RD
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGR
Name: KOBETZ, LORI
Address: 20200 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR
Name: WILLOUGHBY, ROY
Address: 6412 N UNIVERSITY DRIVE, STE 120
City-St-Zip: TAMARAC, FL 33321 US

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: ROY WILLOUGHBY

MGR

04/26/2012

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