2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# L08000092126

Entity Name: FLORIDA CARE MANAGEMENT LLC

Current Principal Place of Business:

805 ELM ST.
LADY LAKES, FL 32159

New Principal Place of Business:

2364 OTHELLO CT
THE VILLAGES, FL 32162

Current Mailing Address:

805 ELM ST.
LADY LAKES, FL 32159

New Mailing Address:

2364 OTHELLO CT
THE VILLAGES, FL 32162

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN HARRIS,
805 ELM ST.
LADY LAKES, FL 32159 US

Name and Address of New Registered Agent:

COHEN, SHERYL M PRES
2364 OTHELLO CT
THE VILLAGES, FL 32162 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: SHERYL COHEN 07/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COHEN, SHERYL
Address: 805 ELM ST.
City-St-Zip: LADY LAKES, FL 32159

Title: MGR (X) Delete
Name: COHEN, HARRIS
Address: 805 ELM ST.
City-St-Zip: LADY LAKES, FL 32159

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: COHEN, SHERYL
Address: 2364 OTHELLO CT
City-St-Zip: THE VILLAGES, FL 32162

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHERYL M COHEN PRES 07/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date