

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106481

Entity Name: DAYCARE DOCS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1631 N. ROCK SPRINGS ROAD,
SUITE #138
APOPKA, FL 32712

New Principal Place of Business:

1401 FALCONCREST BLVD
APOPKA, FL 32712

Current Mailing Address:

1631 N. ROCK SPRINGS ROAD,
SUITE #138
APOPKA, FL 32712

New Mailing Address:

FEI Number: 26-3689186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, PATRICIA
1304 DUNBARTON COURT
KISSIMMEE, FL 34758 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 () Delete
Name: BRAMWELL, NICOLE R
Address: 1631 N. ROCK SPRINGS ROAD, SUIT #138
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: STANLEY-BROWN, ODETT
Address: 1631 N. ROCK SPRINGS ROAD, SUITE #138
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

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: NICOLE R. BRAMWELL

CEO

04/29/2009

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