2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2011
Secretary of State

DOCUMENT# L08000107784

Entity Name: AMERICAN PROVIDERS ADULT DAY CARE CENTER, LLC

Current Principal Place of Business:

2000 NW 89 PLACE
212
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2000 NW 89 PLACE
212
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-3765681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINARES, AMELIA
2000 NW 89 PLACE
212
DORAL, FL 33172 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: AMERICAN PROVIDERS, INC.
Address: 2000 NW 89 PLACE
City-St-Zip: DORAL, FL 33172

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 Statues.

SIGNATURE: AMERICAN PROVIDERS, INC. MGRM 01/28/2011

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