

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112157

Entity Name: SELECTIVE CARE, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1241 WEST LAKES DRIVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1241 WEST LAKES DRIVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 26-3830415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWYERS, ANTOINETTE M
1241 WEST LAKES DRIVE
DEERFIELD BEACH, FL 33442 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 () Delete
Name: SAWYERS, ANTOINETTE M
Address: 1241 WEST LAKES DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM () Delete
Name: HOILETT, MARCIA
Address: 2516 12TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: MGRM (X) Delete
Name: NARCISSE, JENNIFER A
Address: 329 FLUVIA SE AVENUE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES:

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

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: ANTOINETTE SAWYERS

MGRM

04/29/2009

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