

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112475

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN LIFE CARE OF THE SPACE COAST, LLC

**Current Principal Place of Business:**

664 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

668 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

664 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

668 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

**FEI Number:** 26-4601229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALUMBO, THOMAS J  
664 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

PALUMBO, THOMAS J  
668 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937 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:

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALUMBO, THOMAS J  
Address: 664 S. PATRICK DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PALUMBO, THOMAS J  
Address: 668 S. PATRICK DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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: THOMAS J. PALUMBO

MGRM

04/06/2009

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