2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PONTE VEDRA COMPANION CARE, LLC

Current Principal Place of Business:

355 CAPE MAY AVENUE
TOWN OF NOCATEE, FL 32081

New Principal Place of Business:

Current Mailing Address:

355 CAPE MAY AVENUE
TOWN OF NOCATEE, FL 32081

New Mailing Address:

FEI Number: 94-3470055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOVSOVITZ, KATHRYN
355 CAPE MAY AVENUE
TOWN OF NOCATEE, FL 32081 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: MOVSOVITZ, KATHRYN
Address: 355 CAPE MAY AVENUE
City-St-Zip: TOWN OF NOCATEE, FL 32081

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: KATHRYN MOVSOVITZ MGRM 02/11/2010

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