

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025088

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** THIRDDAGE HEALTH CARE, LLC

**Current Principal Place of Business:**

340 MINORCA AVENUE  
SUITE 9A  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

340 MINORCA AVENUE  
SUITE 9A  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 26-4450517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NUNEZ-LOPEZ, MARIA V  
340 MINORCA AVENUE  
SUITE 9A  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** NUNEZ-LOPEZ, MARIA V  
**Address:** 340 MINORCA AVENUE, SUITE 9A  
**City-St-Zip:** CORAL GABLES, FL 33134 US

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 Statutes.

**SIGNATURE:** MARIA NUNEZ-LOPEZ

MGRM

05/03/2010

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