

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030607

FILED
Mar 17, 2010
Secretary of State

Entity Name: COMPANION CARE OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1482 BLUE POINT AVENUE
NAPLES, FL 34102

New Principal Place of Business:

5375 HAWTHORN WOODS WAY
NAPLES, FL 34116

Current Mailing Address:

1482 BLUE POINT AVENUE
NAPLES, FL 34102

New Mailing Address:

5375 HAWTHORN WOODS WAY
NAPLES, FL 34116

FEI Number: 26-4576160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
CHEFFY PASSIDOMO, P.A.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

DICKINSON, VANITY
5375 HAWTHORN WOODS WAY
NAPLES, FL 34116 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: VANITY DICKINSON

03/17/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DICKINSON, VANITY
Address: 5375 HAWTHORN WOODS WAY
City-St-Zip: NAPLES, FL 34116

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: VANITY DICKINSON

MGR

03/17/2010

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