

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037751

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ULTIMATE NURSING CARE, LLC

**Current Principal Place of Business:**

6226 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

13770 58TH ST. N.  
STE. 313  
CLEARWATER, FL 33760

**Current Mailing Address:**

6226 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

13770 58TH ST. N.  
STE. 313  
CLEARWATER, FL 33760

**FEI Number:** 59-2923791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINCENT, KATHERINE  
6226 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429 US

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

PIAZZA, JOHN J JR  
12983 74TH AVE  
SEMINOLE, FL 33776 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: JOHN J PIAZZA JR

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PIAZZA, JOHN J JR  
Address: 12983 74TH AVE  
City-St-Zip: SEMINOLE, FL 33776

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: JOHN J PIAZZA JR

MGR

04/30/2010

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