

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052754

FILED
Apr 17, 2012
Secretary of State

Entity Name: CORE CARE PATIENT ADVOCATES, LLC

Current Principal Place of Business:

3138 3 RD AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 76262
ST. PETERSBURG, FL 337346262

New Mailing Address:

FEI Number: 27-0319192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUYKENDALL, AMY E ESQUIRE
1851 50TH AVENUE NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

CUYKENDALL, AMY E ESQUIRE
3138 3RD AVENUE NORTH
ST. PETERSBURG, FL 33713 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: AMY CUYKENDALL

04/17/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CUYKENDALL, AMY E
Address: PO BOX 76262
City-St-Zip: ST. PETERSBURG, FL 337346262

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: AMY CUYKENDALL

MGRM

04/17/2012

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