2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2010
Secretary of State

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Entity Name: 4TH QUARTER CARE, LLC

Current Principal Place of Business:

815 JUNGLE AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

815 JUNGLE AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 27-0239736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, THOMAS F ESQ
4488 STAR STREET NORTH
ST. PETERSBURG, FL 33709 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: MGR
Name: CHAPIN, NANCY L
Address: 815 JUNGLE AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 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 Statues.

SIGNATURE: NANCY L. CHAPIN MGR 03/19/2010

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