

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056790

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CONCEPTS IN CAREGIVING, LLC

**Current Principal Place of Business:**

6191 WEST ATLANTIC BLVD.  
SUITE 5  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6191 WEST ATLANTIC BLVD.  
SUITE 5  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0910295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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:** PRESS, ROCHELLE MAE  
**Address:** 6191 WEST ATLANTIC BLVD - SUITE 5  
**City-St-Zip:** MARGATE, FL 33063

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: ROCHELLE PRESS

MGR

04/16/2012

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