

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084158

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** EXCELLENT CARE PARTNERS, LLC

**Current Principal Place of Business:**

3152 LITTLE ROAD  
SUITE 198  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

3152 LITTLE ROAD  
SUITE 198  
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 27-0842142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBINSON, TIMOTHY P  
4380 COMMERCIAL WAY  
SPRING HILL, FL 34606 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:** MGRM  
**Name:** MOJICA, LLOYD R  
**Address:** 3152 LITTLE ROAD SUITE 198  
**City-St-Zip:** TRINITY, FL 34655 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 Statutes.

SIGNATURE: LLOYD MOJICA

MGRM

02/09/2012

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