2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# L09000099010

Entity Name: CONSTANT CARE INSURANCE, LLC

Current Principal Place of Business:

9867 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9867 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 27-1106786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ANDRES F
9867 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446 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: GONZALEZ, ANDRES F
Address: 9867 SAVONA WINDS DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

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: ANDRES F GONZALEZ MGMR 02/29/2012

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