

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111631

**FILED  
Jun 01, 2010  
Secretary of State**

**Entity Name:** EDWARDS WELL-CARE LLC

**Current Principal Place of Business:**

2901 PINE VALLEY DR  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

2901 PINE VALLEY DR  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

**FEI Number:** 27-1395010      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

EDWARDS, WILLIAM T  
2901 PINE VALLEY DR  
MIRAMAR, FL 32550      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:** EDWARDS, WILLIAM T  
**Address:** 2901 PINE VALLEY DR  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

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: WILLIAM EDWARDS      MGR      06/01/2010

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