

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006618

Entity Name: ASCENDENT CARE LLC

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

1172 WILDE DRIVE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

1172 WILDE DRIVE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, MIKE
1172 WILDE
CELEBRATION, FL 34747 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: BARRETT, MICHAEL
Address: 1172 WILDE
City-St-Zip: CELEBRATION, FL 34747

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: MICHAEL BARRETT

MGR

04/19/2011

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