2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# L10000017728

Entity Name: FAMILY COMMUNITY CARE CENTERS, LLC

Current Principal Place of Business:

17020 NW 47TH AVE
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7455
WARNER ROBINS, GA 31095

New Mailing Address:

FEI Number: 26-3760427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, XAVIER F DR
17020 NW 47TH AVE
MIAMI, FL 33055 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: MOORE, XAVIER F DR
Address: P.O. BOX 7455
City-St-Zip: WARNER ROBINS, GA 31095

Title: MGR
Name: MOORE, PENNY M DR
Address: P.O. BOX 7455
City-St-Zip: WARNER ROBINS, GA 31095

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: XAVIER F. MOORE CEO 04/19/2011

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