

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000034449

FILED
Apr 19, 2011
Secretary of State

Entity Name: SENIOR CARE CENTER, LLC

Current Principal Place of Business:

13617 EVELANE DRIVE
HUDSON, FL 34667

New Principal Place of Business:

5609 US 19 NORTH
UNIT C
NEW PORT RICHEY, FL 34652

Current Mailing Address:

13617 EVELANE DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 27-2228557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOULOVARIS, NICHOLAS
13617 EVELANE DRIVE
HUDSON, FL 34667 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: KOULOVARIS, NICHOLAS
Address: 13617 EVELANE DRIVE
City-St-Zip: HUDSON, FL 34667

Title: MGRM
Name: WAIN, GARY
Address: 3913 ERNE STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM
Name: GRAHAM W. BROWN TRUST
Address: 635 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM
Name: SAVANNAH S. BROWN TRUST
Address: 635 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

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: NICHOLAS KOULOVARIS

MGRM

04/19/2011

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