

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044109

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL CARE CENTER, LLC

**Current Principal Place of Business:**

500 EAGLES LANDING DRIVE  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4517  
ENGLEWOOD, CO 80165

**New Mailing Address:**

500 EAGLES LANDING DRIVE  
LAKELAND, FL 33810

**FEI Number:** 27-2326398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

MOWRY, PHILIP G  
500 EAGLES LANDING DRIVE  
LAKELAND, FL 33810 US

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:** PHILIP G. MOWRY

03/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WELLDYNE, INC.  
**Address:** 7472 S. TUCSON WAY, SUITE 100  
**City-St-Zip:** CENTENNIAL, CO 80112

**Title:** MGR  
**Name:** LAMENDOLA, DAMIEN  
**Address:** 500 EAGLES LANDING DRIVE  
**City-St-Zip:** LAKELAND, FL 33810

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:** DAMIEN LAMENDOLA

MGR

03/31/2011

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