

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050223

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** TOTALCARE ORLANDO, LLC

**Current Principal Place of Business:**

116 E. CONCORD STREET  
ORLANDO,, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

116 E. CONCORD STREET  
ORLANDO,, FL 32801

**New Mailing Address:**

**FEI Number:** 80-0592134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULFORD, WM. P  
505 MAITLAND AVENUE  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32701 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:** MORGAN, MATTHEW B  
**Address:** 801 SILVER DRIVE  
**City-St-Zip:** ORLANDO, FL 32804 US

**Title:** MGRM  
**Name:** MORGAN, CHRISTOPHER D  
**Address:** 8284 TIBET BUTLER DRIVE  
**City-St-Zip:** WINDERMERE, FL 34786 US

**Title:** MGRM  
**Name:** SCOTT, JULIE A  
**Address:** 9346 CYPRESS COVE DRIVE  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** MGRM  
**Name:** GOEHRING, KIM Q  
**Address:** 1331 S. GRANT STREET  
**City-St-Zip:** LONGWOOD, FL 32750 US

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:** KIM GOEHRING

MGMR

04/15/2011

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