2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# L10000050223

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 Statues.

SIGNATURE: KIM GOEHRING MGR 04/11/2012

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