

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076410

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CAREGIVERS INSTITUTE LLC

**Current Principal Place of Business:**

5950 W OAKLAND PARK BOULEVARD  
SUITE 207  
LAUDERHILL, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

9531 NW 38TH COURT  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIXON, CLOVER  
9531 NW 38TH COURT  
SUNRISE, FL 33351 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: MGR  
Name: CARE CENTRAL HOME HEALTH SERVICES, CORP.  
Address: 5950 W OAKLAND PARK BOULEVARD  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: MGR  
Name: MULLINGS, JUDITH  
Address: 5950 W OAKLAND PARK BOULEVARD  
City-St-Zip: LAUDERHILL, FL 33313 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: CLOVER DIXON

MGR

04/27/2011

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