

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076410

FILED
Apr 24, 2012
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:

8753 NW 50TH STREET
LAUDERHILL, FL 33351 US

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

PRES

04/24/2012

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