2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# L10000098477

Entity Name: FLORIDA CARING OPTIONS LLC

Current Principal Place of Business:

221 ARBOR LAKES CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

473 TRADITION LANE
WINTER SPRINGS, FL 32708

Current Mailing Address:

221 ARBOR LAKES CIRCLE
SANFORD, FL 32771

New Mailing Address:

473 TRADITION LANE
WINTER SPRINGS, FL 32708

FEI Number: 90-0635863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUFORT, FARAH
221 ARBOR LAKES CIRCLE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

DUFORT, FARAH
1624 ARBOR LAKES CIRCLE
SANFORD, FL 32771 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: _____ 04/26/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DUFORT, FARAH
Address: 1624 ARBOR LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGRM
Name: CAPILI, EDSEL
Address: 473 TRADITION LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: EDSEL CAPILI MR 04/26/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date