2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 28, 2011
Secretary of State

DOCUMENT# L10000104166

Entity Name: MIRACLE LIFE ADULT DAYCARE CENTER, LLC

Current Principal Place of Business:

5400 S. BISCAYNE DR
SUITE F
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7485
NORTH PORT, FL 34290 US

New Mailing Address:

FEI Number: 80-0652745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATCHIN, BRUCE L
416 HACIENDA ST
NORTH PORT, FL 34287 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: P
Name: MATCHIN, BRUCE L
Address: 416 HACIENDA ST
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: PINSKY, HOWARD M
Address: 5272 CONNA TER
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D
Name: MATCHIN, MIRA
Address: 416 HACIENDA ST
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: RAPOPORT, ALEKSANDR
Address: 5400 S. BISCAYNE DR
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: NAGIBEKOVA, NELLI
Address: 5400 S. BISCAYNE DR
City-St-Zip: NORTH PORT, FL 34287

Title: A
Name: ARKANGELSKI, IRINA
Address: 5400 S. BISCAYNE DR SUITE B
City-St-Zip: NORTH PORT, FL 34287

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: MIRA MATCHIN D 11/28/2011

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