

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000104166

**FILED**  
**Dec 08, 2011**  
**Secretary of State**

**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:**

PINSKY, HOWARD  
5400 S. BISCAYNE STE F  
NORTH PORT, FL 34287 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: HOWARD PINSKY

12/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: I.D.  
Name: PINSKY, HOWARD  
Address: 5400 S. BISCAYNE DR  
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 Statutes.

SIGNATURE: HOWARD PINSKY

I.D

12/08/2011

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