2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# L11000038197

Entity Name: MONTGOMERY SUPREME CARE CENTER LLC

Current Principal Place of Business:

511 SE PENN AVE
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

450 SW VIOLET AVE
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

450 SW VIOLET AVE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 45-1345105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRYCE, MARLENE
450 SW VIOLET AVE
PORT ST LUCIE, FL 34983 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: PRYCE, MARLENE
Address: 450 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGR
Name: WILLIAMS, JANICE`
Address: 450 SW VIOLET AVE
City-St-Zip: PORT ST LUCIE, FL 34983 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 Statues.

SIGNATURE: MARLENE PRYCE MGR 03/21/2012

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