

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000064463

FILED
Apr 26, 2012
Secretary of State

Entity Name: ILS MANAGED LONG TERM CARE, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE SUITE 270
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DRIVE SUITE 270
MIAMI, FL 33126

New Mailing Address:

FEI Number: 80-0728579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANA, NESTOR J
5201 BLUE LAGOON DRIVE SUITE 270
MIAMI, FL 33126 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: MGRM
Name: INDEPENDENT LIVING SYSTEMS, LLC
Address: 5201 BLUE LAGOON DRIVE, SUITE 270
City-St-Zip: MIAMI, FL 33126

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: NESTOR PLANA

MGR

04/26/2012

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