

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075891

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** STAR CARE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

4871 PINEMORE LANE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4871 PINEMORE LANE  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 45-2657448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF MAX A. ADAMS ESQ PLLC  
2100 PONCE DE LEON BLVD., STE. 1000  
CORAL GABLES, FL 33134 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: TURNER, ROSA G  
Address: 4871 PINEMORE LANE  
City-St-Zip: LAKE WORTH, FL 33463

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: ROSA G.TURNER

MGRM

04/13/2012

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