

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107147

**Entity Name:** FLORIDA CARE CENTERS WG, LLC

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

319 S DILLARD STREET  
WINTER GARDEN, FL 347873524 US

**Current Mailing Address:**

P.O BOX 14-4176  
CORAL GABLES, FL 33114

**New Mailing Address:**

P.O BOX 14-4640  
CORAL GABLES, FL 331144640 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WILSON, KAREN A  
5600 MARINER STREET  
SUITE 227  
TAMPA, FL 33609 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: CARLOS, GONZALEZ J  
Address: P.O. BOX 14-4176  
City-St-Zip: CORAL GABLES, FL 33114

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: CARLOS J GONZALEZ

MR

03/19/2012

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