

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127392

FILED
Apr 28, 2012
Secretary of State

Entity Name: TOTAL CARE CENTER , LLC

Current Principal Place of Business:

506 SW FEDERAL HWY
101
STUART, 34994

New Principal Place of Business:

506 SW FEDERAL HWY
101
STUART, FL 34994

Current Mailing Address:

506 SW FEDERAL HWY
101
STUART, 34994

New Mailing Address:

2356 SE HARRINGTON AVE
PORT ST. LUCIE, FL 34952

FEI Number: 36-4713837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLYUCHKO, NATALYA
2356 SE HARRINGTON AVE
PORT ST. LUCIE, FL 34952 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: KLYUCHKO, NATALYA
Address: 506 SW FEDERAL HWY
City-St-Zip: STUART, FL 34994 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 Statutes.

SIGNATURE: N.KLYUCHKO

MGRM

04/28/2012

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