

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000752**

1. Entity Name  
**ALTERNATIVE SENIOR CARE, L.L.C.**



Principal Place of Business  
**5339 E. VALLE VISTA ROAD  
PHOENIX, AZ 85018**

Mailing Address  
**5339 E. VALLE VISTA ROAD  
PHOENIX, AZ 85018**

**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**58-2406922**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COOVER, STEPHEN H  
230 NORTH PARK AVENUE  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**000000123074  
04/21/04-80056-018 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
OLSEN, WALLACE S  
5339 E. VALLE VISTA ROAD  
PHOENIX, AZ 85018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Wallace Olsen* WALLACE OLSEN JR 4-6-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #