

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000752

**FILED**  
**Feb 21, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

5339 E. VALLE VISTA ROAD  
PHOENIX, AZ 85018

**New Principal Place of Business:**

**Current Mailing Address:**

5339 E. VALLE VISTA ROAD  
PHOENIX, AZ 85018

**New Mailing Address:**

**FEI Number:** 58-2406922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

Title: MGR ( ) Delete  
Name: OLSEN, WALLACE S  
Address: 5339 E. VALLE VISTA ROAD  
City-St-Zip: PHOENIX, AZ 85018

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: WALLACE S. OLSEN

MGR

02/21/2005

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