

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001810

1. Entity Name

TODAYCARE, LLC



Principal Place of Business

810 BROADWAY, SUITE 105
NASHVILLE TN 37203-3805

Mailing Address

810 BROADWAY, SUITE 105
NASHVILLE TN 37203-3805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

62-1716041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE NAME | MGRM BRADY, ROBERT T | <input type="checkbox"/> Delete |
| STREET ADDRESS | 810 BROADWAY, SUITE 105 | |
| CITY- ST- ZIP | NASHVILLE TN 37203-3805 | |
| TITLE NAME | MGRM FABER, ROBERT B | <input type="checkbox"/> Delete |
| STREET ADDRESS | 301 SUNNYSIDE DRIVE | |
| CITY- ST- ZIP | NASHVILLE TN 37205 | |
| TITLE NAME | MGRM CONWAY-WELCH, COLLEEN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 461 21ST AVENUE SOUTH | |
| CITY- ST- ZIP | NASHVILLE TN 37240 | |
| TITLE NAME | MGRM KON, VALENTINA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6536 RADCLIFF DRIVE | |
| CITY- ST- ZIP | NASHVILLE TN 37221 | |
| TITLE NAME | MGRM PFEFFER, PHILIP M | <input type="checkbox"/> Delete |
| STREET ADDRESS | 701 MURFREESBORO ROAD | |
| CITY- ST- ZIP | NASHVILLE TN 37210 | |
| TITLE NAME | MGRM ANDREWS, NELSON | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2002 RICHARD JONES ROAD, SUITE 200-A | |
| CITY- ST- ZIP | NASHVILLE TN 37215 | |

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U00000562145
05/19/06-80044-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

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

Date

Daytime Phone #

4/26/06 615-350-2100