

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90041 038 ****50.00

DOCUMENT # M03000002174

1. Entity Name
FLORIDA INSTITUTE FOR LONG TERM CARE, LLC



Principal Place of Business

100 SECOND AVENUE SOUTH, SUITE 901S
ST. PETERSBURG, FL 33701

Mailing Address

100 SECOND AVENUE SOUTH, SUITE 901S
ST. PETERSBURG, FL 33701



01042006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
02-0660404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701

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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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MADONNA, HARRY DILLON
STREET ADDRESS PO BOX 10867, SPECTOR GADON & ROSEN, PC
CITY-ST-ZIP ST PETERSBURG, FL 337330867

TITLE MGR
NAME GALLAHER, RHONDA
STREET ADDRESS 109 ANTES LANE
CITY-ST-ZIP GRAMPIAN, PA 16838

TITLE MGR
NAME WYATT, DEE
STREET ADDRESS 724 N. GOVERNORS AVENUE
CITY-ST-ZIP DOVER, DE 199047238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06
Date

Daytime Phone # _____