




2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:03

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		
2. Principal Place of Business 360 CENTRAL AVENUE Suite, Apt. #, etc. STE 1550 City & State ST. PETERSBURG, FL Zip 33701		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 02-0660404		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON PO BOX 10867, SPECTOR GADON & ROSEN, PC ST PETERSBURG, FL 337330867	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA HARRY DILLON 360 CENTRAL AVE., STE 1550 ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> 000076499990 06/22/06 01030 024 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 N. GOVERNORS AVENUE DOVER, DE 199047238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			HARRY DILLON MADONNA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 5/9/06 Daytime Phone #: 737-824-8800		