

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002174

FILED
Jan 27, 2010
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR LONG TERM CARE, LLC

Current Principal Place of Business:

360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0660404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR
Name: MADONNA, HARRY DILLON
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGR
Name: JAFFE, HOWARD
Address: 360 CENTRAL AVENUE, SUITE 1550
City-St-Zip: ST.PETERSBURG, FL 33701 US

Title: MGR
Name: HALL, BRUCE
Address: 360 CENTRAL AVENUE, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby 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: HARRY DILLON MADONNA

MGR

01/27/2010

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