2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# M03000002174

Entity Name: FLORIDA INSTITUTE FOR LONG TERM CARE, LLC

Current Principal Place of Business:

360 CENTRAL AVE., STE 1550
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

1675 PALM BEACH LAKES BLVD., STE 900
WEST PALM BEACH, FL 33401

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: TWO BALA PLAZA, SUITE 300
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: MGR
Name: JAFFE, HOWARD
Address: C/OPHS CORP-1313 N MARKET ST, SUITE 5100
City-St-Zip: WILMINGTON, DE 19801 US

Title: MGR
Name: HALL, BRUCE
Address: C/OPHS CORP-1313 N MARKET ST, SUITE 5100
City-St-Zip: WILMINGTON, DE 19801 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 Statues.

SIGNATURE: HARRY DILLON MADONNA MGR 04/21/2011

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