

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M03000002174

**FILED**  
**Jun 09, 2011**  
**Secretary of State**

**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:**

C/O PHS CORP, 1313 N. MARKET ST. STE. 5100  
WILMINGTON, DE 19801 US

**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 Statutes.

SIGNATURE: HARRY DILLON MADONNA      MGR      06/09/2011

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