2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# M04000001808

Entity Name: TENDER LOVING CARE HEALTH CARE SERVICES OF BROWARD, LLC

Current Principal Place of Business:

5959 S. SHERWOOD FOREST BLVD.
BATON ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

5959 S. SHERWOOD FOREST BLVD.
BATON ROUGE, LA 70816

New Mailing Address:

FEI Number: 20-1031990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGRM	( ) Delete
Name:	TLC HEALTH CARE SERV, ICES, INC.	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	( ) Change (X) Addition
Name:	GRAHAM, LARRY	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	
Title:	VP	( ) Change (X) Addition
Name:	BORNE, WILLIAM	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	
Title:	S	( ) Change (X) Addition
Name:	PEIFFER, CELESTE	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	
Title:	VP	( ) Change (X) Addition
Name:	SCHWARTZ, ALICE ANN	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	
Title:	T	( ) Change (X) Addition
Name:	DOLAN, THOMAS	
Address:	5959 S. SHERWOOD FOREST BLVD.	
City-St-Zip:	BATON ROUGE, LA 70816	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CELESTE PEIFFER S 01/28/2009

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