

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005490

FILED
May 03, 2010
Secretary of State

Entity Name: NATIONAL MENTOR HEALTHCARE, LLC

Current Principal Place of Business:

313 CONGRESS STREET
BOSTON, MA 02210 US

New Principal Place of Business:

Current Mailing Address:

313 CONGRESS STREET
FIFTH FLOOR
BOSTON, MA 02210 US

New Mailing Address:

FEI Number: 04-2893910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: NARDELLA, BRUCE F
Address: 313 CONGRESS STREET, 5TH FLOOR
City-St-Zip: BOSTON, MA 02210 US

Title: MGR
Name: FAY, JULIETTE E
Address: 313 CONGRESS STREET, 5TH FLOOR
City-St-Zip: BOSTON, MA 02210 US

Title: MGR
Name: DENIS, HOLLER M
Address: 313 CONGRESS STREET, 5TH FLOOR
City-St-Zip: BOSTON, MA 02210 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: DENIS M. HOLLER

MGR

05/03/2010

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