

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005490

FILED
May 13, 2011
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 ()

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

Title: MGR
Name: MELIA, ROBERT M
Address: 313 CONGRESS STREET, 5TH FLOOR
City-St-Zip: BOSTON, MA 02210 US

Title: MGR
Name: MURPHY, EDWARD M
Address: 313 CONGRESS STREET, 5TH FLOOR
City-St-Zip: BOSTON, MA 02210 US

Title: MGR
Name: PETERSEN, DAVID 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: EDWARD M. MURPHY

MGR

05/13/2011

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