

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000602

**FILED
Apr 13, 2006
Secretary of State**

Entity Name: FLORIDA SENIORCARE MANAGEMENT, LLC

Current Principal Place of Business:

10401 NORTH MERIDIAN STREET, SUITE 122
INDIANAPOLIS, IN 46290

New Principal Place of Business:

Current Mailing Address:

10401 NORTH MERIDIAN STREET, SUITE 122
INDIANAPOLIS, IN 46290

New Mailing Address:

FEI Number: 20-2210387 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: PRIME CARE MANAGEMEN, T, LLC
Address: 10401 NORTH MERIDIAN STREET, SUITE 122
City-St-Zip: INDIANAPOLIS, IN 46290

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY L HICKS PRES 04/13/2006

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