

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004274

Entity Name: RECOVERCARE, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

3599 MARSHALL LANE, SUITE F
BENSALEM, PA 19020

New Principal Place of Business:

Current Mailing Address:

3599 MARSHALL LANE, SUITE F
BENSALEM, PA 19020

New Mailing Address:

14350 CARLSON CIRCLE
TAMPA, FL 33626

FEI Number: 22-3661634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: WINER, JON
Address: 3599 MARSHALL LANE, SUITE F
City-St-Zip: BENSALEM, PA 19020

Title: MGR () Delete
Name: SMITH, THOMAS
Address: 3599 MARSHALL LANE, SUITE F
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES:

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

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

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: JON WINER

MGR

01/31/2008

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