

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004274

Entity Name: RECOVERCARE, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

3599 MARSHALL LANE, SUITE F
BENSALEM, PA 19020

New Principal Place of Business:

5 RADNOR CORP CENTER 100 MATSONFORD RD
SUITE 500
RANDOR, PA 19087

Current Mailing Address:

14350 CARLSON CIRCLE
TAMPA, FL 33626

New Mailing Address:

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: MGR (X) Change () Addition
Name: WINER, JON
Address: 2417 STONE MILL ROAD
City-St-Zip: BALTIMORE, MD 21208

Title: MGR (X) Change () Addition
Name: SMITH, THOMAS
Address: 517 ORIOLE LANE
City-St-Zip: VILLANOVA, PA 19085

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

CEO

01/09/2009

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