

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004274

Entity Name: RECOVERCARE, LLC

FILED  
Jan 05, 2011  
Secretary of State

**Current Principal Place of Business:**

5610 WEST SLIGH AVE.  
106A  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

1920 STANLEY GAULT PKY  
STE 100  
LOUISVILLE, KY 40223

**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  
Name: SCHMIDT, RYAN  
Address: 1920 STANLEY GAULT PKY STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: MGRM  
Name: WOUND CO HOLDINGS, INC.  
Address: 10877 WILSHIRE BLVD. SUITE 2100  
City-St-Zip: LOS ANGELES, CA 90024

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: RYAN SCHMIDT

COO

01/05/2011

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