2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# M07000004274

Entity Name: RECOVERCARE, LLC

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: ZAPPONE, MARY
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 Statues.

SIGNATURE: MARY ZAPPONE CEO 01/05/2012

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