

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2011  
Secretary of State**

DOCUMENT# M09000000482

**Entity Name:** LIFE CARE PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

200 S. MICHIGAN AVE.  
SUITE 1020  
CHICAGO, IL 60604

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. MICHIGAN AVE.  
SUITE 1020  
CHICAGO, IL 60604

**New Mailing Address:**

**FEI Number:** 80-0341927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM  
**Name:** LIFE CARE PARTNERS, LLC  
**Address:** 200 S. MICHIGAN AVE. STE. 1020  
**City-St-Zip:** CHICAGO, IL 60604

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: JEFFERY BONHAM      CFO      04/29/2011

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