

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000201

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** THE DIRECT CARE GROUP, LLC

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD., SUITE 210  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD., SUITE 210  
210  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD., SUITE 210  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

27499 RIVERVIEW CENTER BLVD., SUITE 210  
210  
BONITA SPRINGS, FL 34134

**FEI Number:** 27-1657071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATT, JEFF M ESQ.  
C/O CHEFFY PASSIDOMO, P.A.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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: BROWN, THOMAS G  
Address: 27499 RIVERVIEW CENTER BLVD., SUITE 210  
City-St-Zip: BONITA SPRINGS, FL 34134

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: THOMAS G. BROWN

MR

04/30/2011

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