FILED May 26, 2004 8:00 am Secretary of State

4/29

2004	FOR	PROF	IT C	ORP	ORA'	TION
1	A	NNUA	L RI	EPOF	₹T	

1. Entity Nam	CUMENT # P03000034524 y Name LIFE CARE OF TALLAHASSEE, INC.						04-29	9-2004 9	0513 00)1 ***300.		
Principal Plac	ncipal Place of Business A			Mailing Address								
10500 ULME LARGO, FL 3	ULMERTON ROAD, #308 , FL 33770			10500 ULMERTON ROAD, #308 LARGO, FL 33770								
- 								<u> </u>	11:03		ANTO A ATTA	
2. Principal Place of Business 3220 Capital Circle NE Suite, Apt. #, etc.		3. M	3. Mailing Address Suite, Apt. #. etc.									
		Sı				04062004	04082004 Chg-P CR2E034 (10/03)					
City & State Tallahassee, FL		C	City & State			4. FEI Num	ber 83-0352	543		optied For ot Applicable		
Zip 32308	!	Country	Zi	ρ.	Cour	ntry	5. Certificat	te of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Current	Registe	red Agent			7Name ar	d Address of New R				
DIAZ, JOS	EPH L					Name						
2522 WEST KENNEDY BLVD. TAMPA, FL 33609				/— ≈≈ <u>.</u>	* ****	-Street Addres	ss (P.O. Box Num	ber is Not Acceptable)			
						City	<u> </u>	,		Zip Cod	to	
9. The chouse	normed entitle	pubanita this statement t				i	 		FL	1	1	
the obligat	inamed entity tions of registe	submits this statement to red agent.	yr the pu	rpose of changing	its register	ed office or regis	stered agent, or b	oth, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed o	r printed name of registered agent	and title it	applicable. (h	OTE: Registers	Nd Agent signature requ	uired When reinstating)		DATE			
		FEE IS \$150.00 Fee will be \$550.	00	9. Election Cam Trust Fund Ca			5.00 May Be added to Fees		<u> </u>			
10,		OFFICERS AND	DIRECT	ORS	11.		ADDITION	S/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	D CABILISTE	. THOMAS	~	☐ Delete	ım.	II.				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	MERTON ROAD, #308	ļ.			EET ADDRESS 7-ST-ZIP						
TITLE	D	-		☐ Delete	TITL	E ·				☐ Change	Addition	
NAME STREET ADDRESS		Y, DENISE			NAM	1		•			-	
CITY-ST-ZIP	LARGO, FI	MERTON ROAD, #308 L 33770	•			EET ADORESS (-ST-ZIP						
TITLE	-			☐ Delete	TITL	E				Change	Addition	
STREET ADDRESS					NAM	EET ADDRESS						
CITY-ST-ZIP						-21-215			÷4			
TITLE				☐ Delete	TITL	E				☐ Charige	Addition	
NAME STREET ADDRESS		_			HAM	ET ADORESS			· -	<u></u>		
CITY-ST-ZIP						-ST-ZIP	•	•		,	ŀ	
TITLE				☐ Delete	FJTL	- í	, , ,			☐ Change	Addition	
nadje Street adoress					NAM STRE	EET ADDRESS	•				{	
CITY-5T-ZIP						-ST-ZIP			•			
MILE .				☐ Delete	TIFU	1				Change	Addition	
MAME STREET ADDRESS				•	NAM							
CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
12. I hereby of indicated of the corr	certify that the on this report poration or the	information supplied with or supplemental report, a receiver or trusted exp change with an address,	this filing true an owered i	ng does not qualify d accurate and that to execute this rep	for the exe at my signa ort as requi	mption stated in ture shall have the	Section 119.07(3 ne same legal effe 507, Florida Statu)(i), Florida Statutes. I oct as if made under o les, and that my name	further certif ath; that I are	y that the in n an officer Block 10 or	nformation or director Block 11 if	
		chmed with an autoress,	with all o	other like empower	ed	a ay an april			ال وتعملات	المحتر ا	C-1/M/	
SIGNAT	UKE:	MANUAL AND TOWN OR	1 no	7 Car(2)	<u> </u>			-20-04	1d	<u> </u>) (UD)	