

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069228

Entity Name: TRUE CARE ADVANTAGE, LLC

Current Principal Place of Business:

159 PARLIAMENT LOOP
LAKE MARY, FL 32746

Current Mailing Address:

159 PARLIAMENT LOOP
LAKE MARY, FL 32746 US

FEI Number: 20-1650701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR
Name ABEL, ALOYSIUS J III
Address 3520 LEGACY COURT
City-State-Zip: LONGWOOD FL 32746

Title MGRM
Name ABEL, ALOYSIUS J JR
Address 293 DUBLIN DRIVE
City-State-Zip: LAKE MARY FL 32746

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALOYSIUS J ABEL III

MGR

02/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date