

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083937

Entity Name: CARE ONE OF FLORIDA L.L.C.

Current Principal Place of Business:

12220 CORTEZ BLVD
BROOKSVILLE, FL 34613

Current Mailing Address:

12220 CORTEZ BLVD
BROOKSVILLE, FL 34613

FEI Number: 25-1924516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVIANO, STACIE
13047 FELLOWSHIP LANE
WEEKI WACHEE, FL 34614 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 MGRM
Name LAVIANO, ANTHONY
Address 13047 FELLOWSHIP LANE
City-State-Zip: WEEKI WACHEE FL 34614

Title MGRM
Name LAVIANO, STACIE
Address 13047 FELLOWSHIP LANE
City-State-Zip: WEEKI WACHEE FL 34614

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACIE LAVIANO

MGRM

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date