2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2014
Secretary of State
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Entity Name: COVENTRY ADULT CARE, LLC

Current Principal Place of Business:

3101 N. WILDER ROAD
PLANT CITY, FL 33563

Current Mailing Address:

3101 N. WILDER ROAD
PLANT CITY, FL 33563

FEI Number: 20-3105324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POZEZNIK, FRED M
3101 N. WILDER ROAD
PLANT CITY, FL 33563 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	POZEZNIK, FRED M
Address	3101 N. WILDER ROAD
City-State-Zip:	PLANT CITY FL 33563

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: FRED M POZEZNIK MGRM 04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date