

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073726

**FILED
Apr 17, 2013
Secretary of State
CC0823271011**

Entity Name: PROVIDENT CARE MANAGEMENT, LLC

Current Principal Place of Business:

6412 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

8237 SUNSET STRIP
SUNRISE, FL 33322

FEI Number: 26-3143148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OH, TAEHO
6412 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 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 OH, TAEHO
Address 12685 MAPLE RD
City-State-Zip: NORTH MIAMI FL 33181

Title MGR
Name KOBETZ, LORI
Address 20200 NW 8TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR
Name WILLOUGHBY, ROY
Address 6412 N UNIVERSITY DRIVE, STE 120
City-State-Zip: TAMARAC FL 33321

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: TAEHO OH

MANAGER

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date