

**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