2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2015
Secretary of State
CC6152473075

DOCUMENT# L10000008848

Entity Name: COMPLETE CARE IT LLC

Current Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 125
DAVIE, FL 33328

Current Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 125
DAVIE, FL 33328 US

FEI Number: 27-2270883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELOI, PATRICK P
4801 S. UNIVERSITY DRIVE
SUITE 125
DAVIE, FL 33328 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	ELOI, PATRICK P
Address	4801 S. UNIVERSITY DRIVE SUITE 125
City-State-Zip:	DAVIE FL 33328

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: PATRICK ELOI OWNER 03/02/2015

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