2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2015
Secretary of State
CC6488310617

DOCUMENT# L10000050223

Entity Name: TOTALCARE ORLANDO, LLC

Current Principal Place of Business:

116 E. CONCORD STREET
ORLANDO,, FL 32801

Current Mailing Address:

116 E. CONCORD STREET
ORLANDO,, FL 32801

FEI Number: 80-0592134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULFORD, WM. P
505 MAITLAND AVENUE
SUITE 1000
ALTAMONTE SPRINGS, FL 32701 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	Title	MGRM
Name	MORGAN, MATTHEW B	Name	MORGAN, CHRISTOPHER D
Address	1200 ALEXANDRA COURT	Address	8284 TIBET BUTLER DRIVE
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	WINDERMERE FL 34786
Title	MGRM	Title	MGRM
Name	SCOTT, JULIE A	Name	GOEHRING, KIM Q
Address	9346 CYPRESS COVE DRIVE	Address	1331 S. GRANT STREET
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	LONGWOOD FL 32750

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: KIM GOEHRING PARTNER 02/04/2015

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