

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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
Name	MORGAN, MATTHEW B
Address	1200 ALEXANDRA COURT
City-State-Zip:	ORLANDO FL 32804

Title	MGRM
Name	MORGAN, CHRISTOPHER D
Address	8284 TIBET BUTLER DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	MGRM
Name	SCOTT, JULIE A
Address	9346 CYPRESS COVE DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	MGRM
Name	GOEHRING, KIM Q
Address	1331 S. GRANT STREET
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****03/26/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date