2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2014
Secretary of State
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Entity Name: ALTERNATIVE SENIOR CARE, L.L.C.

Current Principal Place of Business:

5339 E. VALLE VISTA ROAD
PHOENIX, AZ 85018

Current Mailing Address:

5339 E. VALLE VISTA ROAD
PHOENIX, AZ 85018

FEI Number: 58-2406922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOVER, STEPHEN H
230 NORTH PARK AVENUE
SANFORD, FL 32771 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	OLSEN, WALLACE S
Address	5339 E. VALLE VISTA ROAD
City-State-Zip:	PHOENIX AZ 85018

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: WALLACE OLSEN JR MANAGER 03/15/2014

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