

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000482

Entity Name: LIFE CARE PARTNERS OF FLORIDA, LLC

Current Principal Place of Business:

200 S. MICHIGAN AVE.
SUITE 1020
CHICAGO, IL 60604

Current Mailing Address:

200 S. MICHIGAN AVE.
SUITE 1020
CHICAGO, IL 60604

FEI Number: 80-0341927

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 LIFE CARE PARTNERS, LLC
Address 200 S. MICHIGAN AVE. STE. 1020
City-State-Zip: CHICAGO IL 60604

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: JENNIFER CARUTH

ACCT MANAGER

04/18/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date