



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000165280

**2. Exact Name of the Limited Liability Company** RecoverCare, LLC

**3. State of Formation**

State: PA

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RENTAL AND SALE OF DURABLE MEDICAL EQUIPMENT

**5. Principal Office Address**

No. and Street: 1920 STANLEY GAULT PARKWAY  
SUITE 100

City or Town: LOUISVILLE

State: KY Zip: 40223 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 1920 STANLEY GAULT PARKWAY  
SUITE 100

City or Town: LOUISVILLE

State: KY Zip: 40223 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	ROBERT OWEN	875 PALO VERDE AVENUE LONG BEACH, CA 90815 USA
MANAGER	MARK BIDNER	6601 CENTER DRIVE W LOS ANGELES, CA 90045 USA
MANAGER	RYAN SCHMIDT	1920 STANLEY GAULT PKY STE 100 LOUISVILLE, KY 40223 USA
MANAGER	MARY ZAPPONE	1920 STANLEY GAULT PKY STE 100 LOUISVILLE, KY 40223 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPDIRECT AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 5 Day of July, 2011 at 11:10:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By SUSAN LANNAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07