

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014852

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CARE MEDICAL PLAN LLC

**Current Principal Place of Business:**

3520 W 18TH AVE, STE 105  
HIALEAH, FL 330124634

**New Principal Place of Business:**

4201 PALM AVE  
STE. C  
HIALEAH, FL 33012

**Current Mailing Address:**

3520 W 18TH AVE, STE 105  
HIALEAH, FL 330124634

**New Mailing Address:**

4201 PALM AVE  
STE. C  
HIALEAH, FL 33012

FEI Number: 20-8418368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORGES, KENIA  
3520 W 18TH AVE, STE 105  
HIALEAH, FL 330124634 US

**Name and Address of New Registered Agent:**

ENRIQUE, ZAMORA  
4201 PALM AVE.  
STE. C  
HIALEAH, FL 330124634 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: ENRIQUE ZAMORA

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PD ( ) Change (X) Addition  
Name: ZAMORA, ENRIQUE  
Address: 4201 PALM AVE. STE. C  
City-St-Zip: HIALEAH, FL 33012

Title: PV ( ) Change (X) Addition  
Name: BORGES, KENIA  
Address: 4201 PALM AVE.  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ENRIQUE ZAMORA

PD

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date