2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L06000063253

Entity Name: MEDCARE PARTNERS, LLC

Current Principal Place of Business:

1905 WEST 35 STREET
SUITE 105
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1905 WEST 35 STREET
SUITE 105
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 20-5082522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIO, EDUARDO
1905 WEST 35 STREET
SUITE 105
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RUBIO, EDUARDO
Address: 1905 WEST 35 STREET, SUITE 105
City-St-Zip: HIALEAH, FL 33012 US

Title: MGR ( ) Delete
Name: IGLESIAS, ROLANDO M.D.
Address: 1905 WEST 35 STREET, SUITE 105
City-St-Zip: HIALEAH, FL 33012 US

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ARANA, JULIAN F M.D.
Address: 1905 WEST 35 STREET, SUITE 105
City-St-Zip: HIALEAH, FL 33012 US

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: EDUARDO RUBIO MGR 01/25/2008

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