

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114353

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** MEDICORE, LLC.

**Current Principal Place of Business:**

501 FOX VALLEY DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

501 FOX VALLEY DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 80-0317979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTAMARIA, LORNA  
3654 CASSIA DRIVE  
ORLANDO, FL 32828 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  
**Name:** SANTAMARIA, LORNA  
**Address:** 3654 CASSIA DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGR  
**Name:** FILE, EMILY R  
**Address:** 501 FOX VALLEY DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGR  
**Name:** NAYANI, NIRUPAMA  
**Address:** 2737 DOVER GLEN CIR  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGR  
**Name:** MUTOKA, FRANK  
**Address:** 5069 WALNUTRIDGE DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

I hereby 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:** FRANK MUTOKA

MGR

04/25/2010

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