

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000049755

Entity Name: VIDACARE PLUS, LLC

Current Principal Place of Business:

565 REINANTE AVE
CORAL GABLES, FL 33156

Current Mailing Address:

565 REINANTE AVE
CORAL GABLES, FL 33156

FEI Number: 45-2045746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARGUELLES, DONATO A
565 REINANTE AVE
CORAL GABLES, FL 33156 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 ARGUELLES, DONATO A
Address 31 SE 5TH ST #3304
City-State-Zip: MIAMI FL 33131

Title MGRM
Name ARGUELLES, DONATO J
Address 565 REINANTE AVE
City-State-Zip: CORAL GABLES FL 33156

Title MGRM
Name PIERCE, THOMAS J
Address 2451 BRICKELL AVE #17F
City-State-Zip: MIAMI FL 33129

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: DONATO A ARGUELLES

MGRM

03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date