

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000149647

**Entity Name:** SPECIALTY MEDCARE CONSULTING, LLC

**Current Principal Place of Business:**

2405 NW 33RD STREET  
1211  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

2405 NW 33RD STREET  
1211  
OAKLAND PARK, FL 33309 US

**FEI Number:** 46-3982184

**Certificate of Status Desired:** No

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

TROYER, GRAHAM D  
2405 NW 33RD STREET  
1211  
OAKLAND PARK, FL 33309 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 TROYER, GRAHAM D  
Address 2405 NW 33RD STREET, #1211  
City-State-Zip: OAKLAND PARK FL 33309

*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:** GRAHAM TROYER

**CEO**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date