

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004350

FILED
Apr 20, 2011
Secretary of State

Entity Name: MDLIVECARE HEALTH SERVICES, INC.

Current Principal Place of Business:

13650 N.W. 8TH ST., STE 103
SUNRISE, FL 33325

New Principal Place of Business:

13630 N.W. 8TH ST., STE 205
SUNRISE, FL 33325

Current Mailing Address:

13650 N.W. 8TH ST., STE 103
SUNRISE, FL 33325

New Mailing Address:

13630 N.W. 8TH ST., STE 205
SUNRISE, FL 33325

FEI Number: 26-4322924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT WILL & EMERY, LLP
201 SO. BISCAYNE BLVD, SUITE 2200
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: PARKER, RANDY
Address: 13630 N.W. 8TH ST., STE 205
City-St-Zip: SUNRISE, FL 33325

Title: UPSD
Name: GURLAND, STEVEN MD
Address: 13630 N.W. 8TH ST., STE 205
City-St-Zip: SUNRISE, FL 33325

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY PARKER

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04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date