


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90348 032 ****50.00

DOCUMENT # L00000012932	
1. Entity Name MEDCARE CENTER L.C.	

Principal Place of Business 10570 S.E. MONTEREY ROAD #301 STUART, FL 34994 US	Mailing Address 10570 S.E. MONTEREY ROAD #301 STUART, FL 34994 US
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24036469



2. Principal Place of Business 1050 S.E. Monterey Road Suite, Apt. #, etc. 101 City & State Stuart, FL Zip 34994 Country USA	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1050480	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent ELLIOTT, PAULA 1050 S.E. MONTEREY ROAD SUITE #301 STUART, FL 34994	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/30/04**

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, PAUL 1050 S.E. MONTEREY ROAD.,STE 301 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, NICHOLAS 1050 S.E. MONTEREY ROAD.,STE 301 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **3/30/04** Daytime Phone # **1125305000**