

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012932

Entity Name: MEDCARE CENTER L.C.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

1050 SE MONTEREY RD #101
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1050 SE MONTEREY RD #101
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-1050480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, PAUL A
1050 S.E. MONTEREY ROAD
SUITE #301
STUART, FL 34994 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/MEMBERS:

Title: MGRM () Delete
Name: ELLIOTT, PAUL
Address: 1050 S.E. MONTEREY ROAD.,STE 301
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: ELLIOTT, NICHOLAS
Address: 1050 S.E. MONTEREY ROAD.,STE 301
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIOTT, PAUL
Address: 1050 S.E. MONTEREY ROAD.,STE 101
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: ELLIOTT, NICHOLAS
Address: 1050 S.E. MONTEREY ROAD.,STE 101
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS ELLIOTT

MGRM

04/27/2005

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