

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003082

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** CARESERVICES OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

2500 QUANTUM LAKES DRIVE  
SUITE 215  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

1290 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2500 QUANTUM LAKES DRIVE  
SUITE 108  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-1094467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMMARATA, DANIEL  
2500 QUANTUM LAKES DRIVE  
SUITE 108  
BOYNTON BEACH, FL 33426 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOBILE MEDICAL INDUSTRIES INC  
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CEO ( ) Delete  
Name: HOCHHAUSER, MAXINE  
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CFO ( ) Delete  
Name: CAMMARATA, DANIEL  
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DANIEL CAMMARATA

CFO

04/14/2009

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