

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003083

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** CARESERVICES OF THE HEARTLAND, LLC

**Current Principal Place of Business:**

1424 COMMERCIAL PARK  
SUITE 3  
LAKELAND, FL 33801

**New Principal Place of Business:**

622 DUNDEE ROAD  
DUNDEE, FL 33838

**Current Mailing Address:**

2500 QUANTUM LAKES DRIVE  
SUITE 108  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-1094462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOCHHAUSER, MAXINE  
2500 QUANTUM LAKES DRIVE  
SUITE 108  
BOYNTON BEACH, FL 33426 US

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

HOCHHAUSER, MAXINE CEO  
2500 QUANTUM LAKES DRIVE  
SUITE 108  
BOYNTON BEACH, FL 33426 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: MAXINE HOCHHAUSER

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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: MAXINE HOCHHAUSER

CEO

05/03/2010

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