2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L01000003153

Entity Name: CARESERVICES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5420 NW 33RD AVENUE
SUITE 309
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-1094432 **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 33416 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:	MGR	( ) Delete
Name:	FAUST, BOYD	
Address:	2500 QUANTUM LAKES DRIVE, SUITE 108	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	CFO	(X) 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:	CFO	(X) Change ( ) Addition
Name:	CAMMARATA, DANIELLE	
Address:	2500 QUANTUM LAKES DRIVE, SUITE 108	
City-St-Zip:	BOYNTON BEACH, FL 33426	
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