

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003153

**FILED**  
**May 03, 2011**  
**Secretary of State**

**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:**

HOCHHAUSER, MAXINE CEO  
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  
**Name:** MOBILE MEDICAL INDUSTRIES INC  
**Address:** 2500 QUANTUM LAKES DRIVE, SUITE 108  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** CEO  
**Name:** HOCHHAUSER, MAXINE  
**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

CEU

05/03/2011

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