2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024846

1. Entity Name
CLINICARE HEALTH SYSTEMS, LLC

Principal Place of Business	Mailing Address
230 NORHT DIXIE HIGHWAY BAY 26&27 HOLLYWOOD, FL 33020	230 NORTH DIXIE HIGHWAY BAY 26&27 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1136991

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLAN M P.A
11900 BISCAYNE BLVD STE. 807
MIAMI, FL 33181

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLINICARE HEALTH SYSTEMS, LLC
STREET ADDRESS	230 NORTH DIXIE HIGHWAY BAY 26&27
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGR
NAME	CLINICARE HEALTH SYSTEMS, LLC
STREET ADDRESS	230 NORTH DIXIE HIGHWAY BAY #26&27
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGR
NAME	CLINICARE HEALTH SYSTEMS, LLC
STREET ADDRESS	230 NORTH DIXIE HIGHWAY BAY 26&27
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	LIEGHT, PAUL
STREET ADDRESS	230 N. DIXIE HIGHWAY #26&27
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGR
NAME	PICKARD, ED
STREET ADDRESS	1947 NW 130TH AVE.
CITY-ST-ZIP	PEMBROKE PINE, FL 33028
TITLE	MGR
NAME	CLINICARE HEALTH SYSTEMS, LLC
STREET ADDRESS	230 NORTH DIXIE HIGHWAY BAY #26&27
CITY-ST-ZIP	HOLLYWOOD, FL 33020

U00000125515
04/22/04-80087-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4/19/04 (954)-342-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #