

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024846

FILED
Mar 02, 2006
Secretary of State

Entity Name: CLINICARE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

230 NORHT DIXIE HIGHWAY
BAY 26&27
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

230 NORTH DIXIE HIGHWAY
BAY 26&27
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 57-1136991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHT, PAUL
230 N. DIXIE HIGHWAY, BAY 26 & 27
HOLLYWOOD, FL 33020 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: MGR () Delete
Name: CLINICARE HEALTH SYS, TEMS, LLC
Address: 230 NORTH DIXIE HIGHWAY BAY 26&27
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: CLINICARE HEALTH SYS, TEMS, LLC
Address: 230 NORTH DIXIE HIGHWAY BAY #26&27
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: CLINICARE HEALTH SYS, TEMS, LLC
Address: 230 NORTH DIXIE HIGHWAY BAY 26&27
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: LIEGHT, PAUL
Address: 230 N. DIXIE HIGHWAY #26&27
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: SINGER, KEVIN
Address: 230 N DIXIE HIGHWAY #26
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR (X) Delete
Name: CLINICARE HEALTH SYS, TEMS, LLC
Address: 230 NORTH DIXIE HIGHWAY BAY #26&27
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: CLINICARE HEALTH SYS, TEMS, LLC
Address: 230 NORHT DIXIE HIGHWAY BAY 26
City-St-Zip: HOLLYWOOD, FL 33020

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 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: PAUL LEIGHT

MGRM

03/02/2006

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