

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024846

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: CLINICARE HEALTH SYSTEMS, LLC

## Current Principal Place of Business:

250 NORHT DIXIE HIGHWAY  
BAY 3  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

250 NORTH DIXIE HIGHWAY  
BAY 3  
HOLLYWOOD, FL 33020

## Current Mailing Address:

250 NORTH DIXIE HIGHWAY  
BAY 3  
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  
250 N. DIXIE HIGHWAY, BAY #3  
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: 250 NORTH DIXIE HIGHWAY BAY #3  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: CLINICARE HEALTH SYS, TEMS, LLC  
Address: 250 NORTH DIXIE HIGHWAY BAY #3  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: CLINICARE HEALTH SYS, TEMS, LLC  
Address: 250 NORHT DIXIE HIGHWAY BAY 3  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: LEIGHT, PAUL  
Address: 250 N. DIXIE HIGHWAY #3  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: SINGER, KEVIN  
Address: 250 N DIXIE HIGHWAY #3  
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: ( ) 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 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 J LEIGHT

MGR

01/21/2009

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