

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024846

FILED
Mar 22, 2010
Secretary of State

Entity Name: CLINICARE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

250 NORTH DIXIE HIGHWAY
BAY 3
HOLLYWOOD, FL 33020

New Principal Place of Business:

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
Name: CLINICARE HEALTH SYSTEMS, LLC
Address: 250 NORTH DIXIE HIGHWAY BAY #3
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR
Name: CLINICARE HEALTH SYSTEMS, LLC
Address: 250 NORTH DIXIE HIGHWAY BAY #3
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR
Name: CLINICARE HEALTH SYSTEMS, LLC
Address: 250 NORHT DIXIE HIGHWAY BAY 3
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: MGR
Name: SINGER, KEVIN
Address: 250 N DIXIE HIGHWAY #3
City-St-Zip: HOLLYWOOD, FL 33020

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: PAUL LEIGHT

MGRM

03/22/2010

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