

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026107

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** PRO-CARE PHYSICIANS, L.L.C.

**Current Principal Place of Business:**

10413 BRILLIANT COURT  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22793  
LAKE BUENA VISTA, FL 32830

**New Mailing Address:**

**FEI Number:** 61-1427566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REHMAN, ARIF UR  
10413 BRILLIANT COURT  
ORLANDO, FL 32836 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 ( ) Delete  
**Name:** REHMAN, ARIF UR  
**Address:** 10413 BRILLIANT COURT  
**City-St-Zip:** ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

**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:** ARIF UR REHMAN

MGRM

02/25/2009

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