



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/12/2004-90046-049-\$50.00-\$50.00

DOCUMENT # L03000007559 1. Entity Name DIVERSIFIED MEDICAL CARE, LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 AUG 25 PM 4:14</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">MOORE CR2E083 (4/04)</div>	
Principal Place of Business 4800 W. FLAGLER STREET, SUITE 210 MIAMI FL 33126				Mailing Address 4800 W. FLAGLER STREET, SUITE 210 MIAMI FL 33126			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent NODA, ORLANDO 4800 W. FLAGLER STREET, SUITE 210 MIAMI FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Orlando noda 4800 W. Flagler St #210 Miami FL 33134</i> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 60B, Florida Statutes.							
SIGNATURE: <i>Noda</i>				8/9/04 (305) 461-1011			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							