


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007559 1. Entity Name DIVERSIFIED MEDICAL CARE, LLC	
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Principal Place of Business 4800 W. FLAGLER STREET, SUITE 210 MIAMI, FL 33126	Mailing Address 4800 W. FLAGLER STREET, SUITE 210 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-2101597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, JEIKEL
4800 W. FLAGLER STREET, SUITE 210
MIAMI, FL 33126

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, JEIKEL 4800 W. FLAGLER STREET, SUITE 210 MIAMI, FL 33126
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05/12/06-80075-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #