

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011294

FILED
Apr 29, 2008
Secretary of State

Entity Name: CARESERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE, SUITE 108
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2500 QUANTUM LAKES DRIVE, SUITE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 47-0914818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLE, JULIA
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

CAMMARATA, DANIEL
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

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: DANIEL CAMMARATA

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDSEY, CHRIS
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM () Delete
Name: BELLOMY, GREG
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: TODD, STEVE
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR (X) Delete
Name: FAUST, BOYD
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOBILE MEDICAL INDUS, TRIES INC
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CEO (X) Change () Addition
Name: HOCHHAUSER, MAXINE
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CFO (X) Change () Addition
Name: CAMMARATA, DANIEL
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

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: DANIEL CAMMARATA

CFO

04/29/2008

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