

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011294

FILED
May 03, 2011
Secretary of State

Entity Name: CARESERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

4407 VINELAND ROAD #D-16
ORLANDO, FL 32811

New Principal Place of Business:

4301 VINELAND ROAD #E-2
ORLANDO, FL 32811

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:

HOCHHAUSER, MAXINE CEO
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 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
Name: MOBILE MEDICAL INDUSTRIES INC
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

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

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: MAXINE HOCHHAUSER

CEU

05/03/2011

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