2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# L03000011500

Entity Name: U.S. MEDICAL CARE HOLDINGS, L.L.C.

Current Principal Place of Business:

C/O SASSON MOULAVI
190 GLADES ROAD, SUITE E
BOCA RATON, FL 33432

New Principal Place of Business:

C/O SASSON MOULAVI
3350 NW BOCA RATON BLVD #B-38
BOCA RATON, FL 33431

Current Mailing Address:

C/O SASSON MOULAVI
190 GLADES ROAD, SUITE E
BOCA RATON, FL 33432

New Mailing Address:

C/O SASSON MOULAVI
3350 NW BOCA RATON BLVD # B-38
BOCA RATON, FL 33431

FEI Number: 51-0432479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: MGR ( ) Delete
Name: MOULAVI, SASSON
Address: 190 GLADES ROAD, SUITE E
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOULAVI, SASSON
Address: 3350 NW BOCA RATON BLVD #B-38
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: SASSON MOULAVI MGR 01/16/2006

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