

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011500

FILED  
Mar 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1180394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

MOULAVI, SASSON  
591 PHILLIPS DR  
BOCA RATON, FL 33431 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: SASSON MOULAVI

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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: SASSON MOULAVI

MGR

03/19/2009

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