

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022832

Entity Name: MARK HEALTH CARE, L.L.C.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2453251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, MICHAEL
3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467 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/MEMBERS:

Title: MGR () Delete
Name: KATZ, RICK
Address: 5856 N.W. 54TH CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: ALEXANDER, MICHAEL
Address: 3901 CYPRESS LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL ALEXANDER

MGR

03/23/2005

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