

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027126 1. Entity Name FASTCARE, LLC	
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Principal Place of Business 20601 E. DIXIE HWY SUITE 340 AVENTURA, FL 33180	Mailing Address 20601 E. DIXIE HWY SUITE 340 AVENTURA, FL 33180
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01242006No Chg-LLC	GR2E083 (11/05)
4. FEI Number 81-0637771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

COHEN, DANIEL  
 20601 E. DIXIE HWY,  
 SUITE 340  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, DANIEL 21150 BISCAYNE BLVD., SUITE 302 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000406952  
 02/07/06-80111-025 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Cohen* 1/24/06 (786) 922-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #