# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# L03000032680

**Entity Name:** CLINICARE OF BROWARD, LLC

**Current Principal Place of Business:**

1175 S. U.S. HIGHWAY 1
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

1175 S. U.S. HIGHWAY 1
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number: 52-2406640** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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: JANKE, WALTER
Address: 1175 S. U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32962

Title: MGR (X) Delete
Name: JANKE, LALITA
Address: 1175 S. U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: MASCARENHAS, ASH
Address: 1175 S. U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32962

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: ASH MASCARENHAS MGR 04/30/2008

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