

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032680

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

23123 STATE RD 7, STE 103  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

23123 STATE RD 7, STE 103  
BOCA RATON, FL 33428

**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  
Name: KELLY, LORI B  
Address: 23123 STATE ROAD 7, SUITE 103  
City-St-Zip: BOCA RATON, FL 33428

I hereby 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: LORI B. KELLY

MGR

01/05/2010

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