


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90161 042 ****50.00

DOCUMENT # L03000038049		
1. Entity Name FLORIDAMEDCARE, LLC		

Principal Place of Business 1837 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	Mailing Address 1837 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952
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2. Principal Place of Business 3601 N.W. Federal Hwy.	3. Mailing Address 3601 N.W. Federal Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

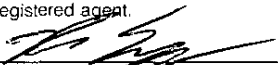
City & State Jensen Beach, FL	City & State Jensen Beach, FL
Zip 34957	Country USA

4. FEI Number 56-2402P75	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAYYAR, RAJ K 1837 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	
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7. Name and Address of New Registered Agent Name NAYYAR, RAJ	
Street Address (P.O. Box Number is Not Acceptable) 3601 N.W. Federal Hwy.	
City Jensen Beach	Zip Code FL 34957

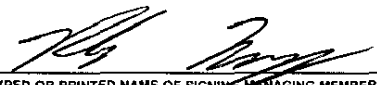
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **3/18/04**

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2004	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAYYAR, RAJ K 1837 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAYYAR, RAJ 3601 N.W. FEDERAL HWY. JENSEN BEACH, FL 34957
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **3/18/04** 772-342-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE