

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038049

Entity Name: FLORIDAMEDCARE, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

3601 N.W. FEDERAL HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

3601 N.W. FEDERAL HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 56-2402875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAYYAR, RAJ
3601 N.W. FEDERAL HWY
JENSEN BEACH, FL 34957 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: NAYYAR, RAJ
Address: 3601 N.W. FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: SEC () Change (X) Addition
Name: NAYYAR, MANJULA 10%
Address: 3601 NW FEDERAL HIGHWAY
City-St-Zip: JENSEN BEACH, FL 34957 US

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: MR. RAJ NAYYAR

PRES

04/29/2007

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