

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038049

Entity Name: FLORIDAMEDCARE, LLC

FILED
Apr 21, 2009
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:

NAYYAR, MANJULA
3601 N.W. FEDERAL HWY
JENSEN BEACH, FL 34957 US

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: M NAYYAR

04/21/2009

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: MGRM (X) Delete
Name: NAYYAR, MONJULA MD
Address: 3601 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAYYAR, M MD
Address: 3601 N.W. FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

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: M NAYYAR

MGR

04/21/2009

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