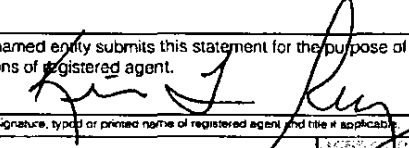
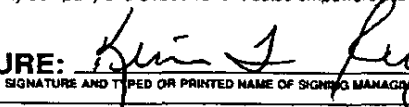


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90284 009 ****50.00

DOCUMENT # L03000043782 1. Entity Name ZONECARE USA OF CALIFORNIA, LLC					
Principal Place of Business 223 N.E. 5TH AVE. DELRAY BEACH FL 33444			Mailing Address P.O. BOX 3107 DELRAY BEACH FL 33447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0413800	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REY, KEVIN T 223 N.E. 5TH AVE. DELRAY BEACH FL 33444				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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  DATE 2/17/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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	MGRM ATKINS, JASON 100 S PINE POINTE DR #3002 MIAMI BEACH FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, PATRICIA 955 BOLENDER DR DELRAY BEACH FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECTOR FAMILY INVESTMENTS, LLC P.O. BOX 97 DELRAY BEACH FL 33447	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSCARINI, JAMES 310-B S WILLOW AVE TAMPA FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, LORING 1205 MAYFIELD RD ALPHARETTA GA 30004	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN MARISSING, FRANCISCO 5003 POLARIS COVE GREEN ACRES FL 33463	☐ Delete			
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 2/17/04 DAYTIME PHONE # 561-779-1852 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					