

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050652

FILED
Jan 27, 2006
Secretary of State

Entity Name: POINT-OF-CARE PARTNERS, LLC

Current Principal Place of Business:

3341 NW 70TH AVE
MARGATE, FL 33063

New Principal Place of Business:

11236 NW 49TH STREET
CORAL SPRINGS, FL 33076

Current Mailing Address:

3341 NW 70TH AVE
MARGATE, FL 33063

New Mailing Address:

11236 NW 49TH STREET
CORAL SPRINGS, FL 33076

FEI Number: 20-0477963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUETH, ANTHONY
3341 NW 70TH AVE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

SCHUETH, ANTHONY
11236 NW 49TH STREET
CORAL SPRINGS, FL 33076 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: ANTHONY J SCHUETH

01/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUETH, ANTHONY J
Address: 3341 NW 70TH AVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHUETH, ANTHONY J
Address: 11236 NW 49TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J. SCHUETH

MGRM

01/27/2006

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