

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050652

FILED
Jan 18, 2009
Secretary of State

Entity Name: POINT-OF-CARE PARTNERS, LLC

Current Principal Place of Business:

11236 NW 49TH STREET
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

11236 NW 49TH STREET
CORAL SPRINGS, FL 33076

New Mailing Address:

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

ADDITIONS/CHANGES:

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: ANTHONY SCHUETH

MR.

01/18/2009

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