

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004842

Entity Name: INTEGRATED CARE, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1150 NORTH 35TH AVE, STE 605
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3335 N UNIVERSITY DR
SUITE 8
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-2249239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, JUDAH
1150 NORTH 35TH AVE, STE 605
HOLLYWOOD, FL 33021 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: P () Delete
Name: BERLIN, HOWARD F
Address: 8335 N UBIVERSITY DR, SUITE 8
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BERLIN, HOWARD F
Address: 3335 N UBIVERSITY DR, SUITE 8
City-St-Zip: DAVIE, FL 33024

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: HOWARD BERLIN

PRES

01/11/2006

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