

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004842

Entity Name: INTEGRATED CARE, LLC

FILED  
Feb 15, 2007  
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:**

FRIEDMAN, JUDAH  
3335 N UNIVERSITY DR  
SUITE 8  
DAVIE, FL 33024 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:

02/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: BERLIN, HOWARD F  
Address: 3335 N UNIVERSITY DR, SUITE 8  
City-St-Zip: DAVIE, FL 33024

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BERLIN, HOWARD F  
Address: 3335 N UNIVERSITY 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: JUDAH FRIEDMAN

CEO

02/15/2007

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