

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004842

Entity Name: INTEGRATED CARE, LLC

FILED
Jan 04, 2012
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
SUITE1
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
3335 N UNIVERSITY DR
SUITE 1
DAVIE, FL 33024 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: PRES
Name: BERLIN, HOWARD F
Address: 3335 N UNIVERSITY DR, SUITE 1
City-St-Zip: DAVIE, FL 33024

Title: MGR
Name: NORBERG, DANIEL ME
Address: 1150 NORTH 35TH AVE, STE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: SHAIR, BERNARD MD
Address: 1150 NORTH 35TH AVE, STE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: SIEV, ETHAN MD
Address: 1150 NORTH 35TH AVE, STE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: REISS, LAWRENCE MD
Address: 1150 NORTH 35TH AVE, STE 605
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: COGAN, JOHN MD
Address: 1150 NORTH 35TH AVE, STE 605
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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

01/04/2012

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