

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005435

FILED
Apr 27, 2009
Secretary of State

Entity Name: COMPLETE MEDICAL CARE, LLC

Current Principal Place of Business:

611 NW 34 AVE
MIAMI, FL 33125

New Principal Place of Business:

630 NW 33 AVE
MIAMI, FL 33125

Current Mailing Address:

PO BOX 450676
MIAMI, FL 332450676

New Mailing Address:

FEI Number: 42-1615969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUACES GARCIA, MARTA N.
611NW 34 AVE
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

LUACES GARCIA, MARTA N.
630 NW 33 AVE
MIAMI, FL 33125 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: MARTA N LUACES GARCIA

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUACES GARCIA, MARTA N
Address: 611 NW 34 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUACES GARCIA, MARTA N
Address: 630 NW 33 AVE
City-St-Zip: MIAMI, FL 33125

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: MARTA N LUACES GARCIA

MNGR

04/27/2009

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