2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L04000005435

Entity Name: COMPLETE MEDICAL CARE, LLC

Current Principal Place of Business:

630 NW 33 AVE
MIAMI, FL 33125

New Principal Place of Business:

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.
630 NW 33 AVE
MIAMI, FL 33125 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: MGR
Name: LUACES GARCIA, MARTA N
Address: 630 NW 33 AVE
City-St-Zip: MIAMI, FL 33125

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 Statues.

SIGNATURE: MARTA LUACES GARCIA P 04/28/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date