

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8 **FILED**
Sep 13, 2006 8:00 am
Secretary of State

08-14-2006 90123 012 ****50.00

DOCUMENT # L04000010529 1. Entity Name FLORIDA CARE PLUS MEDICAL CENTER LLC			
Principal Place of Business 1980 OPALOCKA BLVD OPALOCKA, FL 33054 <i>1980 Opalocka Blvd.</i>		Mailing Address 1980 OPALOCKA BLVD OPALOCKA, FL 33054 <i>1980 Opalocka Blvd.</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Opalocka FL		City & State Opalocka FL	
Zip 33054		Zip 33054	
Country USA		Country USA	
4. FEI Number 30-0230580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEX-LIMIA, ARMANDO A 1057 WEST 50 PLACE HALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 8/21/06 <small>(NOTE: Registered Agent signature required when resigning)</small>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-LIMA, GUILLERMINA 1980 OPALOCKA BLVD OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 8/21/06 <small>Daytime Phone #</small>	