

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023508

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CARESERVICES OF NORTH FLORIDA, LLC

## Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE, SUITE 108  
BOYNTON BEACH, FL 33426 US

## New Principal Place of Business:

6900 SOUTHPOINT DRIVE NORTH  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

2500 QUANTUM LAKES DRIVE, SUITE 108  
BOYNTON BEACH, FL 33426 US

## New Mailing Address:

FEI Number: 20-0932132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMMARATA, DANIEL  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

CAMMARATA, DANIEL  
2500 QUANTUM LAKES DRIVE  
#108  
BOYNTON BEACH, FL 33426 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: DANIEL CAMMARATA

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOBILE MEDICAL INDUSTRIES, INC.  
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: CEO ( ) Delete  
Name: HOCHHAUSER, MAXINE  
Address: 2500 QUANTUM LAKES DRIVE, #108  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: CFO ( ) Delete  
Name: CAMMARATA, DANIEL  
Address: 2500 QUANTUM LAKES DR., #108  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL CAMMARATA

CFO

04/14/2009

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