

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023508

FILED
Apr 29, 2010
Secretary of State

Entity Name: CARESERVICES OF NORTH FLORIDA, LLC

Current Principal Place of Business:

6900 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6900 SOUTHPOINT DRIVE NORTH
#250
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:

HOCHHAUSER, MAXINE
2500 QUANTUM LAKES DRIVE
#108
BOYNTON BEACH, FL 33426 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: MGRM
Name: MOBILE MEDICAL INDUSTRIES, INC.
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426 US

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

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: MAXINE HOCHHAUSER

CEO

04/29/2010

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