

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023508

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** CARESERVICES OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

6900 SOUTHPOINT DRIVE NORTH  
#250  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**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

05/02/2011

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