

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028589

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: KAERBEAR'S HEALTHCARE L.L.C.

**Current Principal Place of Business:**

1897 NE 164 ST.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1897 NE 164 ST.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-1018656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRATH, KAREN  
2801 NE 183 STREET  
709W  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

MCGRATH, KAREN  
1897 NE 164 STREET  
MIAMI, FL 33162 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: KAREN MCGRATH

01/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGRATH, KAREN  
Address: 2801 NW 183 STREET 709W  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGRATH, KAREN  
Address: 1897 NE 164 STREET  
City-St-Zip: MIAMI, FL 33162

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: KAREN MCGRATH

OWN

01/03/2008

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