

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90053 026 ***138.75

DOCUMENT # L04000048281

1. Entity Name

CARES SERVICES OF THE EMERALD COAST, LLC



Principal Place of Business

2018-D Lewis Turner Blvd.
Ft. Walton Beach, FL 32547

Mailing Address

2500 QUANTUM LAKES DRIVE, SUITE 108
BOYNTON BEACH, FL 33426
4025 Woodland Park Blvd. #280
Arlington, TX 76013



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1304189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDDINS, ANGELA W
2018 LEWIS TURNER BLVD, STE D
FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGRM~~
NAME ~~MOBILE MEDICAL INDUSTRIES, INC.~~
STREET ADDRESS ~~2500 QUANTUM LAKES DRIVE, SUITE 108~~
CITY-ST-ZIP ~~BOYNTON BEACH, FL 33426~~

TITLE ~~MGR~~
NAME ~~TODD, STEVE~~
STREET ADDRESS ~~2500 QUANTUM LAKES DRIVE, #108~~
CITY-ST-ZIP ~~BOYNTON BEACH, FL 33426~~

TITLE ~~President~~
NAME ~~Angela Eddins~~
STREET ADDRESS ~~2018-D Lewis Turner Blvd.~~
CITY-ST-ZIP ~~Ft. Walton Beach, FL 32547~~

TITLE ~~Vice President~~
NAME ~~Mark Eddins~~
STREET ADDRESS ~~2018-D Lewis Turner Blvd.~~
CITY-ST-ZIP ~~Ft. Walton Beach, FL 32547~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/09/2008

Date

817-469-6739

Daytime Phone #