

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-25-2005 90141 001 ***300.00

DOCUMENT # L04000058768					
1. Entity Name CARE PLUS CENTER, LLC					
Principal Place of Business 434 SW 12TH AVE SUITE 304 MIAMI, FL 33130			Mailing Address 434 SW 12TH AVE SUITE 304 MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FET Number 20-1472775	
5. Certificate of Status Desired ☐				Applied For ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPOLIS, MARIA JULIA 1085 WESTWARD DRIVE MIAMI SPRINGS, FL 33166			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State					
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NAPOLIS, MARIA JULIA		NAME		
STREET ADDRESS	1085 WESTWARD DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>MARIA NAPOLIS</i>			Date: <i>2/16/05</i>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

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