

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058768

Entity Name: CARE PLUS CENTER, LLC

FILED
Jul 29, 2006
Secretary of State

Current Principal Place of Business:

434 SW 12TH AVE SUITE 304
MIAMI, FL 33130

New Principal Place of Business:

111 NW 183RD ST.
#300
MIAMI, FL 33169

Current Mailing Address:

434 SW 12TH AVE SUITE 304
MIAMI, FL 33130

New Mailing Address:

111 NW 183RD ST.
#300
MIAMI, FL 33169

FEI Number: 20-1472775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPOLIS, MARIA JULIA
1085 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

NAPOLIS, MARIA JULIA
235 SW 80 AVE.
MIAMI, FL 33144 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:

07/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAPOLIS, MARIA JULIA
Address: 1085 WESTWARD DR
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAPOLIS, MARIA JULIA
Address: 235 SW 80 AVE.
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA JULIA NAPOLIS

MGR

07/29/2006

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