


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

02-22-2008 90041 022 ***138.75

DOCUMENT # L04000058768	
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1. Entity Name
CARE PLUS CENTER, LLC

Principal Place of Business 111 NW 183RD ST. 35 SW 36 CT. #300- MIAMI, FL 33169 Coral Gables, FL 33135	Mailing Address 111 NW 183RD ST. 35 SW 36 CT #300- MIAMI, FL 33169 Coral Gables, FL 33135
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30010288



07072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 35 SW 36 CT Suite, Apt. #, etc.	3. Mailing Address 35 SW 36 CT. Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33135	Country USA
Zip 33135	Country USA

4. FEI Number 20-1472775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAPOLES, MARIA JULIA 235 SW 80 AVE. MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *X Maria Napoles* (NOTE: Registered Agent signature required when reinstating) DATE *7/7/08*

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPOLES, MARIA JULIA 235 SW 80 AVE. MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Maria Napoles* DATE: *7/7/08* 3054455554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

ATTACHMENT
Care Plus Center LLC

300/0288

35 Ponce De Leon
Coral Gables, FL 33135
Ph: (305) 445-5554 Fx: (305) 461-0102

July 7, 2008

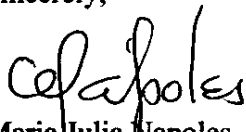
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: L03000054804

As per my conversation with John in the Annual Report Filing Department on July 7, 2008, this Annual Report Filing has been paid for since February 2008. He advised that a signature was missing on line 11 but we were never advised nor any notice was received by mail. As per his request, we have filled out a new form with the needed signature and included this letter notifying you of what had happened. Per his information, this should rectify the current situation and our 2008 Filing will be complete.

Thank you for your attention to this matter.

Sincerely,


Maria Julia Napoles