

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 09, 2005 8:00 am
Secretary of State

04-19-2005 90008 009 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000083508 1. Entity Name SAFECARE FAMILY MEDICAL CENTER LLC					
Principal Place of Business 4765 S. CONGRESS AVE. STE B LAKE WORTH FL 33461			Mailing Address P.O. BOX 210487 WEST PALM BEACH FL 33421 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">CSAME</div>		
2. Principal Place of Business 1511 FOREST HILL BLVD. Suite, Apt. #, etc. SUITE 3		3. Mailing Address Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State		4. FEI Number 20-1897238	
Zip 33406		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAFEER, ABRAHAM 13479 ORCHID COURT WELLINGTON FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFEER, ABRAHAM 13479 ORCHID COURT WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFEER, ABRAHAM 13722 CROMER COURT WELLINGTON, FL 33414	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u><i>A. Safeer</i></u> April 12th 2005 561-439-7247 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					