

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046272

Entity Name: MAIKA HEALTHCARE, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566

**New Principal Place of Business:**

7552 NAVARRE PARKWAY  
SUITE 13  
NAVARRE, FL 32566

**Current Mailing Address:**

7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566

**New Mailing Address:**

7552 NAVARRE PARKWAY  
SUITE 13  
NAVARRE, FL 32566

FEI Number: 20-2814172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAN, MARK M.D.  
7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

TRAN, MARK M.D.  
7552 NAVARRE PARKWAY  
SUITE 13  
NAVARRE, FL 32566 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: MARK TRAN

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRAN, MARK M.D.  
Address: 1403 CHAMPIONS GREEN DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK TRAN

MGRM

01/16/2009

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