

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046272

Entity Name: MAIKA HEALTHCARE, LLC

FILED
Jan 12, 2011
Secretary of State

Current Principal Place of Business:

7552 NAVARRE PARKWAY
SUITE 13
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7552 NAVARRE PARKWAY
SUITE 13
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-2814172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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

01/12/2011

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