2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# L05000062614

Entity Name: VIRTUAL CARE LINK LLC

Current Principal Place of Business:

2991 PEPPERWOOD LN
CLEARWATER, FL 33761

New Principal Place of Business:

6213 LAFFERRE LN
HILLIARD, OH 43026

Current Mailing Address:

2991 PEPPERWOOD LN
CLEARWATER, FL 33761

New Mailing Address:

6213 LAFFERRE LN
HILLIARD, OH 43026

FEI Number: 20-3058420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, JAIME
2595 TAMPA RD
SUITE E
PALM HARBOR, FL 34684 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 ( ) Delete
Name: RIOS, JAIME
Address: 2991 PEPPERWOOD LN
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RIOS, JAIME
Address: 6213 LAFFERRE LN
City-St-Zip: HILLIARD, OH 43026

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: JAIME RIOS MGRM 01/30/2008

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