

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062614

Entity Name: VIRTUAL CARE LINK LLC

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

6213 LAFFERRE LN  
HILLIARD, OH 43026

**New Principal Place of Business:**

**Current Mailing Address:**

6213 LAFFERRE LN  
HILLIARD, OH 43026

**New Mailing Address:**

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:**

RIOS, JAIME  
34911 US HWY 19  
SUITE 600  
PALM HARBOR, FL 34684 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:

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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: JAIME RIOS

MGRM

03/27/2009

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