

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093220

Entity Name: CARIBBEAN HEALTH, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10420 US HIGHWAY 301 S  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

13201 PARKHURST COURT  
RIVERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 20-3497481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CLARKE, YVONNE J  
13201 PARKHURST COURT  
RIVERVIEW, FL 33569      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: INFANTE, DAIANA  
Address: 2806 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: CLARKE, YVONNE J  
Address: 13201 PARKHURST COURT  
City-St-Zip: RIVERVIEW, FL 33569

Title: D  
Name: INFANTE, ANA  
Address: 2806 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

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: YVONNE J. CLARKE

D

05/01/2010

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