2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L06000009656

Entity Name: INSUREMARK, LLC

Current Principal Place of Business:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-4305445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, K. TAYLOR
150 WEST FLAGLER STREET, SUITE 2200
MUSEUM TOWER
MIAMI, FL 33130 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: MGMR ( ) Delete
Name: TOWNCARE DENTAL PART, NERSHIP INC
Address: 13195 SW 134TH STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186 US

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: MELVYN S GOBER, DDS MGMR 03/19/2009

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