

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016898

Entity Name: MEDCARE, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

15511 N FLORIDA AVE
SUITE B2A
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 93580
LAKELAND, FL 33804

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN DELL PA
202 ROME AVE
TAMPA, FL 33606 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: KRONEN, L
Address: P.O.BOX 93580
City-St-Zip: LAKELAND, FL 33804

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: L KRONEN

MGRM

04/30/2008

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