2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L06000016898

Entity Name: MEDCARE, LLC

Current Principal Place of Business:

15511 N FLORIDA AVE
SUITE B2A
TAMPA, FL 33613

New Principal Place of Business:

280 AVE A
WINTERHAVEN, FL 33880

Current Mailing Address:

P.O. BOX 93580
LAKELAND, FL 33804

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ALLEN DELL PA
202 ROME AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

S LEEDS
100 LAKELAND HILLS
TAMPA, FL 33606 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: S LEEDS 05/06/2009
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 MEM 05/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date