

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061012

FILED
Mar 19, 2007
Secretary of State

Entity Name: UPSTART CARE CONSULTANTS, LLC

Current Principal Place of Business:

960 NW 110TH AVE.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

960 NW 110TH AVE.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-5051525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEFFREY B ESQ.
1401 EAST BROWARD BLVD.
SUITE 206
FT. LAUDERDALE, FL 33301 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LAIDERMAN, HOWARD
Address: 14717 THORNBIRD MANOR PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGRM () Change (X) Addition
Name: LAIDERMAN, BONNIE
Address: 14717 THORNBIRD MANOR PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGRM () Change (X) Addition
Name: SUAREZ, JOE
Address: 960 NW 110TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD LAIDERMAN

MGRM

03/19/2007

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