

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061012

**FILED**  
**Apr 30, 2010**  
**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:** MGRM  
**Name:** LAIDERMAN, HOWARD  
**Address:** 14717 THORNBIRD MANOR PARKWAY  
**City-St-Zip:** CHESTERFIELD, MO 63017

**Title:** MGRM  
**Name:** LAIDERMAN, BONNIE  
**Address:** 14717 THORNBIRD MANOR PARKWAY  
**City-St-Zip:** CHESTERFIELD, MO 63017

**Title:** MGRM  
**Name:** SUAREZ, JOE  
**Address:** 960 NW 110TH AVENUE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** HOWARD LAIDERMAN

MGRM

04/30/2010

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