2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063253

Entity Name: MEDCARE PARTNERS, LLC

FILED Feb 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4060 SW 152ND AVENUE 1905 WEST 35 STREET MIRAMAR, FL 33027

SUITE 105

HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1905 WEST 35 STREET 4060 SW 152ND AVENUE MIRAMAR, FL 33027

SUITE 105

HIALEAH, FL 33012 US

FEI Number: 20-5082522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUBIO, EDUARDO 4060 SW 152ND AVENUE MIRAMAR, FL 33027

RUBIO, EDUARDO **1905 WEST 35 STREET** SUITE 105 HIALEAH, FL 33012 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: 02/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition RUBIO, EDUARDO RUBIO, EDUARDO Name: Name:

Address: 4060 SW 152ND AVENUE Address: 1905 WEST 35 STREET, SUITE 105

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: HIALEAH, FL 33012 US

Title: Title: MGR () Change (X) Addition () Delete Name: Name: IGLESIAS, ROLANDO M.D. Address: Address: 1905 WEST 35 STREET, SUITE 105 City-St-Zip: City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: EDUARDO RUBIO 02/02/2007