

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108042

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SENIOR MEDICAL CARE, LLC.

**Current Principal Place of Business:**

2035 HARDING STREET  
STE 100  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2035 HARDING STREET  
STE 100  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 20-8287928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, GERALD K ESQ  
1691 MICHIGAN AVENUE  
STE 320  
MIAMI BEACH, FL 33139 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: MEYER, BERNARD S  
Address: 453 POINCIANA DRIVE  
City-St-Zip: SUNNY ISLEA, FL 33160

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: BERNARD S MEYER

MGMB

04/29/2011

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