

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119820

Entity Name: HEMONC-CARE, LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

11760 S.W. 40 STREET, #741
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11760 S.W. 40 STREET, #741
MIAMI, FL 33175

New Mailing Address:

4607 CADDIE CT
COLLEGE STATION, TX 77845

FEI Number: 20-8082597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 N.W. 79 AVE., #9
DORAL, FL 33166 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: MGR () Delete
Name: RODRIGUEZ-TORRES, RAMON E
Address: 11760 S.W. 40 STREET, #741
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODRIGUEZ-TORRES, RAMON E
Address: 4607 CADDIE CT
City-St-Zip: COLLEGE STATION, TX 77845

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: RAMON E. RODRIGUEZ-TORRES, M.D.

MGR

01/27/2009

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