2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121813

Entity Name: MEDICOR INFUSIONCARE, LLC

FILED Apr 23, 2007 Secretary of State

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

3403 W WATERS AVE TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

3403 W WATERS AVE TAMPA, FL 33614

FEI Number: 71-1031114 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:

MANUEL, DELGADO JR SADORF, RICK W 3403 W WATERS AVE 1744 N BÉLCHER RD TAMPA, FL 33614 SUITE 150

CLEARWATER, FL 33765 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: RICK SADORF 04/23/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition

MEDICOR HEALTHCARE,, INC. DELGADO, MANUEL JR Name: Name: Address: 3403 W WATERS AVE Address: 3403 W WATERS AVE City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

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: MANUEL DELGADO 04/23/2007