

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011216

Entity Name: NOBLE HEALTH CARE, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2151 CONSUULATE DR, UNIT 06  
ORLANDO, FL 32837

**New Principal Place of Business:**

8865 COMMODITY CIR  
UNIT 14  
ORLANDO, FL 32819

**Current Mailing Address:**

2151 CONSUULATE DR, UNIT 06  
ORLANDO, FL 32837

**New Mailing Address:**

8865 COMMODITY CIR  
UNIT 14  
ORLANDO, FL 32819

FEI Number: 20-8344755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREITAS, GUSTAVO  
2151 CONSUULATE DR, UNIT 06  
ORLANDO, FL 32837 US

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

SAFETY BUSINESS LLC  
6220 S. ORANGE BLOSSOM TR  
STE 604  
ORLANDO, FL 32809 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: CRISTINA RIVERA

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FREITAS, GUSTAVO  
Address: 8865 COMMODITY CIR UNIT 14  
City-St-Zip: ORLANDO, FL 32819

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: GUSTAVO FREITAS

MGM

04/21/2010

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