



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000013840 1. Entity Name LINDO MEDICAL CARE, LLC	
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Principal Place of Business 10045 CORTEZ BLVD SUITE 154 BROOKSVILLE, FL 34613 US	Mailing Address 10045 CORTEZ BLVD SUITE 154 BROOKSVILLE, FL 34613 US
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DO NOT WRITE IN THIS SPACE



01122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8395918	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LINDO, OSCAR J M.D.
10045 CORTEZ BLVD
SUITE 154
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDO, OSCAR J M.D. 10045 CORTEZ BLVD, SUITE 154 BROOKSVILLE, FL 34613
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03/12/08-80030-010 143.75

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **1/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #