2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# L07000040615

Entity Name: CLINICARE USA LLC

Current Principal Place of Business:

1122 NW 171ST TERRACE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1122 NW 171ST TERRACE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 26-0189532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGH, KAVITA R
4648 SW 125TH LANE
MIRAMAR, FL 33027 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	( ) Delete
Name:	KELL, DAVID N	
Address:	1122 NW 171ST TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	
Title:	MGRM	( ) Delete
Name:	SINGH KELL, NANDITA S	
Address:	1122 NW 171ST TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	
Title:	MGRM	(X) Delete
Name:	SINGH, SONALANIE	
Address:	1122 NW 171ST TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DAVID KELL MGRM 07/25/2008

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