

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000056841

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** COMMUNITY FAMILY CARE, LLC

**Current Principal Place of Business:**

600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125

**New Principal Place of Business:**

3383 NW 7 ST  
STE 313  
MIAMI, FL 33125

**Current Mailing Address:**

600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125

**New Mailing Address:**

3383 NW 7 ST  
STE 313  
MIAMI, FL 33125

**FEI Number:** 26-0268412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULGAR, MARIO  
600 N.W. 35TH AVE., SUITE 100  
MIAMI, FL 33125 US

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

PULGAR, MARIO  
3383 NW 7 ST., SUITE 313  
MIAMI, FL 33125 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: MARIO PULGAR

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALFONSO, JULIO C  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: PULGAR, MARIO  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: SANTAMARINA, ALBERTO MD  
Address: 600 N.W. 35TH AVE., SUITE 100  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALFONSO, JULIO C  
Address: 3383 NW 7 ST STE 313  
City-St-Zip: MIAMI, FL 33125

Title: MGRM (X) Change ( ) Addition  
Name: PULGAR, MARIO  
Address: 3383 NW 7 ST STE 313  
City-St-Zip: MIAMI, FL 33125

Title: MGRM (X) Change ( ) Addition  
Name: SANTAMARINA, ALBERTO MD  
Address: 3383 NW 7 ST STE 313  
City-St-Zip: MIAMI, FL 33125

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: ALBERTO SANTAMARINA

M

04/30/2008

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