2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097444

Entity Name: INSTANT MEDICAL CARE, LLC.

FILED Mar 22, 2009 Secretary of State

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

3262 VINELAND RD., UNIT 102 KISSIMMEE, FL 34746 US

Current Mailing Address: New Mailing Address:

3262 VINELAND RD., UNIT 102 KISSIMMEE, FL 34746 US

FEI Number: 26-1127719 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:

SYED, JUNAID A

8335 LAKE CROWELL CIRCLE
ORLANDO, FL 32836 US

SYED, JUNAID A

10411 BIG TREE CT
ORLANDO, FL 32836 US

ORLANDO, FL 32836 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: JUNAID A SYED 03/22/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

 Name:
 SYED, JUNAID A
 Name:
 SYED, JUNAID A

 Address:
 8335 LAKE CROWELL CIRCLE
 Address:
 10411 BIG TREE CT

 City-St-Zip:
 ORLANDO, FL 32836 US
 City-St-Zip:
 ORLANDO, FL 32836 US

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

 Name:
 SYED, SADAF
 Name:
 SYED, SADAF

 Address:
 8335 LAKE CROWELL CIRCLE
 Address:
 10411 BIG TREE CT

 City-St-Zip:
 ORLANDO, FL 32836 US
 City-St-Zip:
 ORLANDO, FL 32836 US

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: JUNAID A SYED MGRM 03/22/2009