

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104659

Entity Name: 1 MEDICARE, LLC

FILED
Aug 24, 2009
Secretary of State

Current Principal Place of Business:

4902 CREEKSIDE DR
STE C
CLEARWATER, FL 33760 US

Current Mailing Address:

4902 CREEKSIDE DR
STE C
CLEARWATER, FL 33760 US

New Principal Place of Business:

210 S PINELLAS AVENUE
STE 154
TARPON SPRINGS, FL 33689 US

New Mailing Address:

210 S PINELLAS AVENUE
STE 154
TARPON SPRINGS, FL 33689 US

FEI Number: 26-1236683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FILLWEBER, BRIAN
Address: 4902 CREEKSIDE DR STE C
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FILLWEBER, BRIAN J
Address: 210 S PINELLAS AVENUE, STE 154
City-St-Zip: TARPON SPRINGS, FL 33689 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: BRIAN J. FILLWEBER

MGR

08/24/2009

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