

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90162 042 \*\*\*138.75

**DOCUMENT # L07000112901**

1. Entity Name  
**MEDICAL CARE PARTNERS, LLC.**



Principal Place of Business  
**8405 PINE THRUSH WAY  
TAMPA, FL 33647**

Mailing Address  
**P O BOX 48366  
TAMPA, FL 33646**

**50003859**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**8405 Pine Thrush way**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

04122008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**26-1401629**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

Zip

Country

Zip

Country

**33647**

**Hillborough**

6. Name and Address of Current Registered Agent

**SADIQ, NOREEN  
8405 PINE THRUSH WAY  
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name

**SADIQ, NOREEN**

Street Address (P.O. Box Number is Not Acceptable)

**8405 Pine Thrush way**

City

**Tampa**

**FL**

Zip Code

**33647**

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

*Noreen Sadiq*

(NOTE: Registered Agent signature required when reinstating)

**4/15/08**

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SADIQ, NOREEN  
STREET ADDRESS P O BOX 48366  
CITY-ST-ZIP TAMPA, FL 33646

TITLE **Vice President** ☒ Change ☐ Addition  
NAME SADIQ, NOREEN  
STREET ADDRESS P.O. Box 48366  
CITY-ST-ZIP Tampa, FL 33646

TITLE MGRM ☐ Delete  
NAME SOOMRO, FHAMIM A  
STREET ADDRESS P O BOX 48366  
CITY-ST-ZIP TAMPA, FL 33646

TITLE **President** ☒ Change ☐ Addition  
NAME SHAMIM SOOMRO  
STREET ADDRESS 2725 Crane Trace Cir  
CITY-ST-ZIP Orlando, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME Rodriguez, Alexander  
STREET ADDRESS 31034 Temple Stand Ave  
CITY-ST-ZIP INGLETON CHAPEL, FL 33543

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME ZAHID MEMON  
STREET ADDRESS 2725 Crane Trace Cir  
CITY-ST-ZIP Orlando, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Noreen Sadiq**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/15/08**

Date

Daytime Phone #