

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112901

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDICAL CARE PARTNERS, LLC.

Current Principal Place of Business:

8405 PINE THRUST WAY
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P O BOX 48366
TAMPA, FL 33646

New Mailing Address:

FEI Number: 26-1401629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOREEN, SADIQ
8405 PINE THRUST WAY
TAMPA, FL 33647 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: VP () Delete
Name: SADIQ, NOREEN
Address: P.O. BOX 48366
City-St-Zip: TAMPA, FL 33646

Title: P () Delete
Name: SHAMIM, SOOMRO
Address: 2725 CRANE TRACE CIR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: ALEXANDER, RODRIGUEZ
Address: 31034 TEMPLE STAND AVE
City-St-Zip: IVESLEY CHAPEL, FL 33543

Title: D () Delete
Name: MEMON, ZAHID
Address: 2725 CRANE TRACE CIR
City-St-Zip: ORLANDO, FL 32837

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:

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: NOREEN SADIQ

MGRM

04/30/2009

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