

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119923

FILED
Mar 27, 2009
Secretary of State

Entity Name: CARE SOLUTIONS MEDICAL GROUP, LLC

Current Principal Place of Business:

15529 BULL RUN RD.
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15529 BULL RUN RD.
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 26-1613645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERO, LLISMEL O
15529 BULL RUN RD
MIAMI LAKES, FL 33014 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: MGR () Delete
Name: GARCES, JUAN M
Address: 15529 BULL RUN RD
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: CABRERO, LLISMEL O
Address: 15529 BULL RUN RD
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

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: LLISMEL O. CABRERO

MGR

03/27/2009

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