

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011358

Entity Name: QUALCARE MEDICAL, LLC

FILED  
May 15, 2009  
Secretary of State

**Current Principal Place of Business:**

210 SOUTH FEDERAL HIGHWAY  
2ND FLOOR  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

210 SOUTH FEDERAL HIGHWAY  
2ND FLOOR  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

FEI Number: 26-1865821      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:**

**Name and Address of New Registered Agent:**

MCGOOHAN, JOHN J DR.  
210 SOUTH FEDERAL HIGHWAY  
2ND FLOOR  
HOLLYWOOD, FL 33020 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGOOHAN, JOHN J  
Address: 210 SOUTH FEDERAL HIGHWAY, 2ND FLOOR  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

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: JOHN J. MCGOOHAN, IV, DO

DR

05/15/2009

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