

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034980

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MEDICAL CARE CENTERS, LLC

**Current Principal Place of Business:**

2916 LINEBAUGH AVE, STE 101  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

2916 LINEBAUGH AVE, STE 101  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number: 26-2507158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNS MANAGEMENT, LLC  
609 W AZEELE STREET  
TAMPA, FL 33606 US

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

NAZEER H. KHAN, M.D.  
4010 GUNN HIGHWAY  
TAMPA, FL 33618 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: NAZEER H KHAN MD

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAZEER KHAN, M.D.  
Address: 2515 COUNTRY BLVD., SUITE D  
City-St-Zip: CLEARWATER, FL 33763 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAZEER KHAN, M.D.  
Address: 2916 LINEBAUGH AVE, STE 101  
City-St-Zip: TAMPA, FL 33625 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: NAZEER H KHAN MD

MGRM

04/29/2009

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