

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034980

**FILED**  
**Apr 29, 2010**  
**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:**

4010 GUNN HIGHWAY  
220B  
TAMPA, FL 33618 US

**Current Mailing Address:**

2916 LINEBAUGH AVE, STE 101  
TAMPA, FL 33625 US

**New Mailing Address:**

4010 GUNN HIGHWAY  
220B  
TAMPA, FL 33618 US

**FEI Number:** 26-2507158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAZEER H. KHAN, M.D.  
4010 GUNN HIGHWAY  
TAMPA, FL 33618 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:** MGRM  
**Name:** NAZEER KHAN, M.D.  
**Address:** 4010 GUNN HIGHWAY SUITE 220  
**City-St-Zip:** TAMPA, FL 33618 US

**Title:** MGRM  
**Name:** KHAN, SAFIA  
**Address:** 4010 GUNN HIGHWAY SUITE 220  
**City-St-Zip:** TAMPA, FL 33618

I hereby 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

MGRM

04/29/2010

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