

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044732

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CONCEPT CARE, LLC

**Current Principal Place of Business:**

13721 NW 16TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

13721 NW 16TH STREET  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 26-2808939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HACHE, MARIA J  
13721 NW 16TH  
PEMBROKE PINES, FL 33028 US

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

HACHE, MARIA J MGR  
13721 NW 16TH STREET  
PEMBROKE PINES, FL 33028 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: MARIA J. HACHE

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HACHE, MARIA J  
Address: 13721 NW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**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: MARIA J. HACHE

MGR

04/08/2009

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