

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061883

Entity Name: MYCARE AMERICA, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

3309 NORTHLAKE BLVD.
A150
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

3309 NORTHLAKE BLVD.
A105
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 92-0196403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYCARE HOME HEALTH PALM BEACH, INC
3309 NORTHLAKE BLVD
A105
PALM BEACH GARDENS, FL 33403 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 () Delete
Name: MYCARE HOME HEALTH P, ALM BEACH, INC .
Address: 3309 NORTHLAKE AVE, SUITE A105
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: MGR () Delete
Name: PERRY, SUSAN
Address: 12065 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR () Delete
Name: COLE, FLORCITA
Address: 134 NE NARANJA AVE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SHDR (X) Change () Addition
Name: PERRY, SUSAN
Address: 12065 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: DON (X) Change () Addition
Name: COLE, FLORCITA
Address: 134 NE NARANJA AVE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: SHDR () Change (X) Addition
Name: ADAMS, MICHAEL K
Address: 910 MILLCREEK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SHDR () Change (X) Addition
Name: GALARZA, ISHMAEL
Address: 1912 19 LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: GLENN PFAFF

MGRM

04/07/2009

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