2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000065988

Entity Name: INSTITUTE FOR HEALTH CARE, LLC

Current Principal Place of Business:

20 EAST MELBOURNE AVENUE
SUITE #104
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

20 EAST MELBOURNE AVENUE
SUITE #104
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 26-2942860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHARLES R. STACK, HIGH, STACK, GORDON, PA
525 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 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: TRUMED ED, INC
Address: 20 EAST MELBOURNE AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: IMAMI, EMRAN R M.D.
Address: 1140 BROADBAND DR.
City-St-Zip: MELBOURNE, FL 32901

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: RAJIV CHANDRA MD D 04/29/2009

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