2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: NATURAL MEDICARE, LLC

Current Principal Place of Business:

1434 NE 32 TERRACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1434 NE 32 TERRACE
OCALA, FL 34470

New Mailing Address:

FEI Number: 26-3184393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALCEDO, CONSUELO
15445 SW 96TH TERRACE
MIAMI, FL 33196 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: MGR
Name: ESTRADA TUANAMA, CESAR HUGO
Address: 1434 NE 32 TERRACE
City-St-Zip: OCALA, FL 34470

Title: MGR
Name: VILLAGOMEZ ESCOBEDO, MARIA DE JESUS
Address: 1434 NE 32 TERRACE
City-St-Zip: OCALA, FL 34470

Title: MGR
Name: PORTILLO ESCOBEDO, ROCIO DEL PILA
Address: 1434 NE 32 TERRACE
City-St-Zip: OCALA, FL 34470

Title: S
Name: PORTILLO ESCOBEDO, JOHANNA PAOLA
Address: 1434 NE 32 TERRACE
City-St-Zip: OCALA, FL 34470

Title: MGR
Name: LOPEZ, NELSON
Address: 3852 MC ELROV RD APT F4
City-St-Zip: DORAVILLE, GA 30340

Title: S
Name: VILLAGOMEZ ESCOBEDO, JORGE LUIS
Address: 1434 NE 32 TERRACE
City-St-Zip: OCALA, FL 34470

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 Statues.

SIGNATURE: ESTRADA TUANAMA, CESAR HUGO MGR 04/18/2012

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