## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095360

**Current Principal Place of Business:** 

Entity Name: US MEDCARE, LLC

FILED Apr 24, 2009 Secretary of State

Date

() Change () Addition

() Change () Addition

10824 CORY LAKE DR TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 10824 CORY LAKE DR TAMPA, FL 33647 FEI Number: 26-4741293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAIG M. DORNE, PA 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139 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:

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Address:

City-St-Zip:

**New Principal Place of Business:** 

MGR Title: () Delete Name: Name:

Electronic Signature of Registered Agent

STOCKDALE, THOMAS L Address: 10824 CORY LAKE DR City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete Name: EISNER, MARK S Address: 15606 COCHESTER RD.

City-St-Zip:

Title: Name: Address: TAMPA, FL 33647 US 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: THOMAS L STOCKDALE 04/24/2009