

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106326

FILED
Jun 04, 2009
Secretary of State

Entity Name: MEDI-CARE HEALTH BENEFITS, LLC

Current Principal Place of Business:

155 W. NANCY LEE LN.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

155 W. NANCY LEE LN.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 80-0314057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAWYER, CARRIE A
155 W NANCY LEE LN.
APOPKA, FL 32712 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MRS. () Change (X) Addition
Name: SAWYER, CARRIE A MRS.
Address: 155 W. NANCY LEE LN.
City-St-Zip: APOPKA, FL 32712 US

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: CARRIE SAWYER

MRS.

06/04/2009

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