

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106326

FILED
Apr 13, 2010
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 ()

Name and Address of Current Registered Agent:

SAWYER, CARRIE A
155 W NANCY LEE LN.
APOPKA, FL 32712 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: MRS.
Name: SAWYER, CARRIE A MRS.
Address: 155 W. NANCY LEE LN.
City-St-Zip: APOPKA, FL 32712 US

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 Statutes.

SIGNATURE: CARRIE SAWYER

MRS.

04/13/2010

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