

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106326

FILED
Apr 13, 2011
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:

1370 FOX FIRE DR
APOPKA, FL 32712

Current Mailing Address:

155 W. NANCY LEE LN.
APOPKA, FL 32712

New Mailing Address:

1370 FOX FIRE DR
APOPKA, FL 32712

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:

SAWYER, CARRIE A
1370 FOX FIRE DR
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: CARRIE ANN SAWYER

04/13/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS.
Name: SAWYER, CARRIE A MRS.
Address: 1370 FOX FIRE DR
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 ANN SAWYER

MRS

04/13/2011

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