

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109881

FILED
Apr 28, 2009
Secretary of State

Entity Name: CARE NOW MEDICAL CENTER, LLC

Current Principal Place of Business:

7242 SE 12 CIRCLE
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

7242 SE 12 CIRCLE
OCALA, FL 34480

New Mailing Address:

FEI Number: 80-0310199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWE, DONALD
7242 SE 12 CIRCLE
OCALA, FL 34480 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: MGRM () Delete
Name: CROWE, DONALD
Address: 7242 SE 12 CIRCLE
City-St-Zip: OCALA, FL 34480

Title: MGRM () Delete
Name: BOVELL, DON
Address: 2208 SE 24 TER
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DON BOVELL

MGRM

04/28/2009

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