2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2010
Secretary of State

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Entity Name: MEDICORE, LLC.

Current Principal Place of Business:

501 FOX VALLEY DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

501 FOX VALLEY DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 80-0317979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTAMARIA, LORNA
3654 CASSIA DRIVE
ORLANDO, FL 32828 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: MGR
Name: SANTAMARIA, LORNA
Address: 3654 CASSIA DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: MGR
Name: FILE, EMILY R
Address: 501 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR
Name: NAYANI, NIRUPAMA
Address: 2737 DOVER GLEN CIR
City-St-Zip: ORLANDO, FL 32828

Title: MGR
Name: MUTOKA, FRANK
Address: 5069 WALNUTRIDGE DRIVE
City-St-Zip: ORLANDO, FL 32828

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 Statues.

SIGNATURE: FRANK MUTOKA MGR 04/25/2010

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