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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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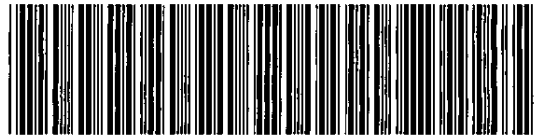
(Business Entity Name)

(Document Number)

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JUL -7 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARE MEDICAL L.L.C  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMAD FAROOQ TAJ  
Name of Person

CARE MEDICAL LLC  
Firm/Company

3544 Highland Glen Ct.  
Address

Jacksonville FL 32224  
City/State and Zip Code

ONEKOOLBUDDY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMAD F. TAJ at ( 718 ) 759-7530.  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CARE MEDICAL

2. (a) Principal office address of limited liability company: 3544 Highland Glen Ct.  
 Jacksonville, FL 32224  
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: AS ABOVE  
 03.04.09  
 (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 03.04.09

4. Document number: 2009 JAL-51-12246  
09 0000 22015

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent: Mohammad F. Taj

Registered Office Address: 12337 Wynnfield Lakes Dr # 712 Jacksonville, FL 32246

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 3544 Highland Glen Ct  
Jacksonville, FL 32224  
**(MUST BE FLORIDA STREET ADDRESS)**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

M. F. Taj  
 Signature of a member or authorized representative of a member

Mohammad F. Taj  
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

M. F. Taj  
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00