

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022015

**FILED
Apr 10, 2012
Secretary of State**

Entity Name: CARE MEDICAL LLC

Current Principal Place of Business:

3544 HIGHLAND GLEN CT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3544 HIGHLAND GLEN CT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 26-4405820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAJ, MOHAMMAD F
3544 HIGHLAND GLEN CT
JACKSONVILLE, FL 32224 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: MR
Name: TAJ, MOHAMMAD F
Address: 3544 HIGHLAND GLEN CT
City-St-Zip: JACKSONVILLE, FL 32224 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: MOHAMMAD TAJ

MD

04/10/2012

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