

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032112

FILED
Mar 28, 2010
Secretary of State

Entity Name: MAXIMUM THERAPEUTIC CARE, LLC

Current Principal Place of Business:

18795 NW 83RD CT
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

18795 NW 83RD CT
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 26-4615714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, JASBETH
18795 NW 83RD CT
HIALEAH, FL 33015 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
Name: MARRERO, JASBETH
Address: 18795 NW 83RD CT
City-St-Zip: HIALEAH, FL 33015

Title: MGRM
Name: MARRERO, MAXIMO
Address: 18795 NW 83RD CT
City-St-Zip: HIALEAH, FL 33015

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: JASBETH MARRERO

MGRM

03/28/2010

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