

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032112

FILED
Apr 25, 2012
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:

5011 SW 167TH AVE
SOUTH WEST RANCHES, FL 33331

Current Mailing Address:

18795 NW 83RD CT
HIALEAH, FL 33015

New Mailing Address:

5011 SW 167TH AVE
SOUTHWEST RANCHES, FL 33331

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:

MARRERO, JASBETH
5011 SW 167TH AVE
SOUTHWEST RANCHES, FL 33331 US

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: _____

04/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MARRERO, JASBETH
Address: 5011 SW 167TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM
Name: MARRERO, MAXIMO
Address: 5011 SW 167TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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

04/25/2012

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