

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051465

Entity Name: VALUECARE MEDICAL, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6099 STIRLING RD, STE 220  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

6099 STIRLING RD, STE 220  
DAVIE, FL 33314 US

**New Mailing Address:**

21792 MARIGOT DRIVE  
BOCA RATON, FL 33428 US

FEI Number: 27-0254143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCARTNEY, SHARI L ESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

FRYDMAN, JARROD M DR.  
350 N. PINE ISLAND RD  
SUITE #302  
PLANTATION, FL 33324 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: DR. JARROD FRYDMAN

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KAZDAN, TODD D.O.  
Address: 2300 N. COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326 US

Title: MGR  
Name: FRYDMAN, JARROD D.O.  
Address: 350 N. PINE ISLAND RD., SUITE 302  
City-St-Zip: PLANTATION, FL 33324 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: JARROD FRYDMAN

DR.

04/15/2010

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