

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066519

**FILED**  
**Jun 22, 2010**  
**Secretary of State**

**Entity Name:** INTEGRATED MEDICAL CARE LLC

**Current Principal Place of Business:**

10062 CYPRESS VINE DR  
ORLANDO, FL 32827

**New Principal Place of Business:**

7824 LAKE UNDERHILL RD  
SUITE A  
ORLANDO, FL 32822

**Current Mailing Address:**

10062 CYPRESS VINE DR  
ORLANDO, FL 32827

**New Mailing Address:**

7824 LAKE UNDERHILL RD.  
SUITE A  
ORLANDO, FL 32822

**FEI Number:** 27-0510000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINCON, CAMILO A MD  
10062 CYPRESS VINE DR  
ORLANDO, FL 32827 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:** BALLESTEROS, JORGE G MPH-PA.  
**Address:** 1836 BLAINE TERR.  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** MGRM  
**Name:** RINCON, CAMILO A MD.  
**Address:** 10062 CYPRESS VINE DR.  
**City-St-Zip:** ORLANDO, FL 32827

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:** JORGE BALLESTEROS

MGMR

06/22/2010

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