

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068378

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** ULTIMATE CARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

8987 BIDDLE CT  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3898 VIA POINCIANA  
#18  
LAKE WORTH, FL 33467

**Current Mailing Address:**

8987 BIDDLE CT  
WELLINGTON, FL 33414

**New Mailing Address:**

3898 VIA POINCIANA  
#18  
LAKE WORTH, FL 33467

**FEI Number:** 27-0576959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, STEPHEN  
8987 BIDDLE CT.  
WELLINGTON, FL 33414 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: HENRY, BERNADINE  
Address: 8987 BIDDLE CT.  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: CLARK, STEPHEN  
Address: 8987 BIDDLE CT.  
City-St-Zip: WELLINGTON, FL 33414

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: BERNADINE HENRY

ARNP

04/23/2010

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