

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 05, 2010  
Secretary of State**

DOCUMENT# L09000068714

Entity Name: CAC MEDICAL SERVICE LLC

**Current Principal Place of Business:**

8150 SW 8TH STREET  
SUITE 214  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8150 SW 8TH STREET  
SUITE 214  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 27-0694102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BATISTA, YANET PD  
8150 SW 8TH STREET  
SUITE 214  
MIAMI, FL 33144 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: PD  
Name: YANET, BATISTA PD  
Address: 8150 SW 8TH STREET SUITE 214  
City-St-Zip: MIAMI, FL 33144 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: YANET BATISTA      PD      04/05/2010

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