2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TOPCARE MD MEDICAL CENTER, LLC

Current Principal Place of Business:

8911 DANIELS PARKWAY
UNIT 7
FORT MYERS, FL 33912 US

New Principal Place of Business:

8911 DANIELS PARKWAY
STE 7
FORT MYERS, FL 33912 US

Current Mailing Address:

8911 DANIELS PARKWAY
UNIT 7
FORT MYERS, FL 33912 US

New Mailing Address:

8911 DANIELS PARKWAY
STE 7
FORT MYERS, FL 33912 US

FEI Number: 80-0447344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ-GUTIERREZ, JOSE L
17480 STEPPING STONE DRIVE
FORT MYERS, FL 33967 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: MGR
Name: LOPEZ-GUTIERREZ, JOSE L
Address: 8911 DANIELS PARKWAY, UNIT 7
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR
Name: LOPEZ, MARIA
Address: 8911 DANIELS PKWY # 7
City-St-Zip: FORT MYERS, FL 33912

Title: MGR
Name: BELKIS, RODRIGUEZ
Address: 8911 DANIELS PKWY # 7
City-St-Zip: FORT MYERS, FL 33912

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 Statues.

SIGNATURE: LOPEZ-GUTIERREZ JOSE MGR 04/01/2010

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