

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090050

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

**Entity Name:** MEDIC HEALTHCARE, LLC

**Current Principal Place of Business:**

110 EAST BROWARD BLVD  
SUITE 1700  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

110 EAST BROWARD BLVD  
SUITE 1700  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 27-0960044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATRICK, SEAN  
110 EAST BROWARD BLVD  
SUITE 1700  
FT. LAUDERDALE, FL 33301 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:** PATRICK, SEAN  
**Address:** 110 EAST BROWARD BLVD  
**City-St-Zip:** SUITE 1700, FL 33301

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: FREDRICK LEVINE      MGR      01/05/2010

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