

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094717

Entity Name: MEDICAID 4 U, LLC

FILED
Feb 14, 2010
Secretary of State

Current Principal Place of Business:

6709 RIDGE ROAD
108
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341253
TAMPA, FL 33694 US

New Mailing Address:

6709 RIDGE ROAD
108
PORT RICHEY, FL 34668 US

FEI Number: 27-0953490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONAS, L. BRUCE
17312 LINDA VISTA CIRCLE
LUTZ, FL 33548 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: ANGEL, JERROLD R
Address: 6709 RIDGE RD #108
City-St-Zip: PORT RICHEY, FL 34668 US

Title: MGRM
Name: JONAS, L. BRUCE
Address: P.O.BOX 341253
City-St-Zip: TAMPA, FL 33694 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: JERROLD ANGEL

MGR

02/14/2010

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