

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094717

Entity Name: MEDICAID 4 U, LLC

**FILED**  
**Jan 21, 2011**  
**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:**

6709 RIDGE ROAD  
108  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

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:**

JERROLD, ANGEL  
6709 RIDGE ROAD  
108  
PORT RICHEY, FL 34668 US

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: JERROLD ANGEL

01/21/2011

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

PRES

01/21/2011

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