

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094717

Entity Name: MEDICAID 4 U, LLC

**FILED**  
**Feb 02, 2012**  
**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:**

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

PRES

02/02/2012

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