# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2011**
**Secretary of State**

DOCUMENT# L10000006910

**Entity Name:** SECURE CARE MEDICAL SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

1602 NORTH L ST
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1602 NORTH L ST
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

FIGUEREDO, VICTOR M
1602 NORTH L ST
LAKE WORTH, FL 33460 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: PRES
Name: FIGUEREDO, VICTOR M
Address: 1602 NORTH L ST
City-St-Zip: LAKE WORTH, FL 33460

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: VICTOR M FIGUEREDO PRES 04/26/2011

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