

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000015956

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BIOMEDICAL CARE GROUP, LLC

**Current Principal Place of Business:**

10860 NW 138TH STREET  
# C1  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

4264 MAHOGANY RIDGE DR  
WESTON, FL 33331

**Current Mailing Address:**

10860 NW 138TH STREET  
# C1  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

4264 MAHOGANY RIDGE DR  
WESTON, FL 33331

**FEI Number:** 27-1900563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD. SUITE 201  
PEMBROKE PINES, FL 33029 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:** MGR  
**Name:** CISNEROS, EDWIN  
**Address:** 4264 MAHOGANY RIDGE DR  
**City-St-Zip:** WESTON, FL 33331

**Title:** MGR  
**Name:** GOMEZ, JUAN C  
**Address:** 4266 MAGNOLIA RIDGE DR  
**City-St-Zip:** WESTON, FL 33331

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:** EDWIN CISNEROS

MGR

04/30/2012

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