

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031378

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED MEDICAL CARE CENTER, LLC

**Current Principal Place of Business:**

8787 SE SANDY LANE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8787 SE SANDY LANE  
HOBE SOUND, FL 33455

**New Mailing Address:**

2336 SE OCEAN BLVD  
#215  
STUART, FL 34996

**FEI Number:** 27-3074886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALEVSKI, SVETLANA DR.  
8787 SE SANDY LANE  
HOBE SOUND, FL 33455 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:** VALEVSKI, SVETLANA DR.  
**Address:** 8787 SE SANDY LANE  
**City-St-Zip:** HOBE SOUND, FL 33455

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:** SVETLANA VALEVSKI

DR.

04/27/2012

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