

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054250

Entity Name: CARE_DOC LLC

FILED
Apr 30, 2012
Secretary of State

Current Principal Place of Business:

GULF COAST MEDICAL CENTER
13681 DOCTOR'S WAY
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

GULF COAST MEDICAL CENTER
13681 DOCTOR'S WAY
FORT MYERS, FL 33912

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:

HAGEN, MICHAEL S ESQ
6249 PRESIDENTIAL COURT
SUITE F
FORT MYERS, FL 33919 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: SAMUEL, ANEETA P MD
Address: 13681 DOCTOR'S WAY
City-St-Zip: FORT MYERS, FL 33912

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: ANEETA P SAMUEL MD

MGRM

04/30/2012

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