

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122474

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

**Entity Name:** PHYSICIANS CARE PLUS OF LAKE WORTH, LLC

**Current Principal Place of Business:**

7800 W OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351

**New Principal Place of Business:**

6432 LAKE WORTH ROAD  
GREENACRES, FL 33463

**Current Mailing Address:**

7800 W OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351

**New Mailing Address:**

7800 WEST OAKLAND PARK BLVD.  
SUITE E-14  
SUNRISE, FL 33351

**FEI Number:** 27-4058998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DI CAPUA, JOSEPH J  
7800 W OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351 US

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

MJM BUSINESS ENTERPRISES INC  
7800 W OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351 US

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: MANUEL GONZALEZ

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MJM BUSINESS ENTERPRISES INC  
Address: 7800 W OAKLAND PARK BLVD E 214  
City-St-Zip: SUNRISE, FL 33351 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: MANUEL GONZALEZ

MGRM

04/27/2012

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