

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003590

Entity Name: SMART CARE GROUP LLC

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

**Current Principal Place of Business:**

7990 S.W. 117TH AVE., SUITE 210  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

7990 S.W. 117TH AVE., SUITE 210  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, ALEJANDRO  
7990 S.W. 117TH AVE., SUITE 210  
MIAMI, FL 33183 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: GARCIA, ALEJANDRO  
Address: 7990 S.W. 117TH AVE., SUITE 210  
City-St-Zip: MIAMI, FL 33183

Title: MGR  
Name: GARCIA, VIRGINIA  
Address: 7990 S.W. 117TH AVE., SUITE 210  
City-St-Zip: MIAMI, FL 33183

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: ALEJANDRO GARCIA

MGR

04/30/2012

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