

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000003

FILED
May 08, 2009
Secretary of State

Entity Name: INTERNATIONAL MANAGED CARE SERVICES, L.C.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE, STE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

701 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

Current Mailing Address:

355 ALHAMBRA CIRCLE, STE 1150
CORAL GABLES, FL 33134

New Mailing Address:

701 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

FEI Number: 65-0802070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANTIAGO, EDMUND
7205 CORPORATE CENTER DRIVE,
SUITE #311
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANTIAGO, EDMUND
701 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 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:

05/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTIAGO, EDMUND
Address: 7205 CORPORATE CENTER DRIVE, #311
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: IMCS HOLDING, INC.
Address: 1870A SAN ANTONIO STREET, PDA.26
City-St-Zip: SAN JUAN, PR 00906 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTIAGO, EDMUND
Address: 701 S. ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDMUND SANTIAGO

MNGR

05/08/2009

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