

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005009

Entity Name: MAMAD HEALTHCARE, LLC

FILED  
Jan 13, 2006  
Secretary of State

## Current Principal Place of Business:

1414 SOUTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

5215 COCONUT CREEK PARKWAY  
MARGATE, FL 33063

## Current Mailing Address:

1414 SOUTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

## New Mailing Address:

5215 COCONUT CREEK PARKWAY  
MARGATE, FL 33063

FEI Number: 65-0940356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAKOFF, CAROL  
1414 SOUTH POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

RAKOFF, CAROL  
5215 COCONUT CREEK PARKWAY  
MARGATE, FL 33063 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: CAROL RAKOFF

01/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAKOFF, CAROL  
Address: 1414 SOUTH POWERLINE ROAD  
City-St-Zip: POMPAN BEACH, FL 33069

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAKOFF, CAROL  
Address: 5215 COCONUT CREEK PARKWAY  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL RAKOFF

MGR

01/13/2006

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