2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# M08000003601

Entity Name: GLOBAL CARE SOLUTIONS, LLC

Current Principal Place of Business:

354 HIATT DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

354 HIATT DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-3092654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CORPORATE CREATIONS INTERNATIONAL INC.
11380 PROSPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410 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 ( ) Delete
Name: SCHMICKLE, MICHAEL
Address: 505 S. FLAGLER DRIVE, SUTIE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GOUGH, KAREN
Address: 354 HIATT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR. ( ) Change (X) Addition
Name: TORK, GORDIAN
Address: 354 HIATT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: KAREN GOUGH CEO 05/15/2009

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