

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004531

FILED
May 04, 2010
Secretary of State

Entity Name: MY CARE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

9140 GOLFSIDE DR., STE 8S
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9140 GOLFSIDE DR., STE 8S
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 27-1094409 **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:

Name and Address of New Registered Agent:

TURBOVSKY, RENA
16485 COLLINS AVE
APT 1238
SUNNY ISLAND BEACH, FL 33160 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TURBOVSKY, DMITRY
Address: 1010 PARKWAY TRAIL
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: MGR
Name: KHALATOVA, KARINA G
Address: 1010 PARKWAY TRAIL
City-St-Zip: BLOOMFIELD HILLS, MI 48302

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: KHALATOVA

MGR

05/04/2010

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