

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014852

FILED
Feb 12, 2008
Secretary of State

Entity Name: CARE MEDICAL PLAN LLC

Current Principal Place of Business:

3520 W 18TH AVE, STE 115
HIALEAH, FL 330124634

New Principal Place of Business:

Current Mailing Address:

3520 W 18TH AVE, STE 115
HIALEAH, FL 330124634

New Mailing Address:

FEI Number: 20-8418368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAMORA, ENRIQUE
3520 W 18TH AVE, STE 115
HIALEAH, FL 330124634 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: MGRM () Delete
Name: ZAMORA, ENRIQUE
Address: 3520 W 18TH AVE, STE 115
City-St-Zip: HIALEAH, FL 330124634

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: OTERO, TERESITA CFO
Address: 16564 SW 91ST TERR
City-St-Zip: MIAMI, FL 33196

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: ENRIQUE ZAMORA

MGRM

02/12/2008

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