

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014852

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARE MEDICAL PLAN LLC

Current Principal Place of Business:

3520 W 18TH AVE, STE 105
HIALEAH, FL 330124634

New Principal Place of Business:

4201 PALM AVE
STE. C
HIALEAH, FL 33012

Current Mailing Address:

3520 W 18TH AVE, STE 105
HIALEAH, FL 330124634

New Mailing Address:

4201 PALM AVE
STE. C
HIALEAH, FL 33012

FEI Number: 20-8418368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGES, KENIA
3520 W 18TH AVE, STE 105
HIALEAH, FL 330124634 US

Name and Address of New Registered Agent:

ENRIQUE, ZAMORA
4201 PALM AVE.
STE. C
HIALEAH, FL 330124634 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: ENRIQUE ZAMORA

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: PD () Change (X) Addition
Name: ZAMORA, ENRIQUE
Address: 4201 PALM AVE. STE. C
City-St-Zip: HIALEAH, FL 33012

Title: PV () Change (X) Addition
Name: BORGES, KENIA
Address: 4201 PALM AVE.
City-St-Zip: HIALEAH, FL 33012

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

PD

04/30/2009

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