

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014852

FILED
Apr 03, 2010
Secretary of State

Entity Name: CARE MEDICAL PLAN LLC

Current Principal Place of Business:

4201 PALM AVE
STE. C
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4201 PALM AVE
STE. C
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8418368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUE, ZAMORA
4201 PALM AVE.
STE. C
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: PD
Name: ZAMORA, ENRIQUE
Address: 4201 PALM AVE. STE. C
City-St-Zip: HIALEAH, FL 33012

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: ENRIQUE ZAMORA

PD

04/03/2010

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