

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014852

Entity Name: CARE MEDICAL PLAN LLC

Current Principal Place of Business:

3412 W 84TH ST
STE. 102
HIALEAH, FL 33018

Current Mailing Address:

3412 W 84TH STREET
STE. 102
HIALEAH, FL 33018 US

FEI Number: 20-8418368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENRIQUE, ZAMORA
3412 W 84TH STREEET
STE. 102
HIALEAH, FL 33018 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

Authorized Person(s) Detail :

Title MGR
Name ZAMORA, ENRIQUE
Address 8412 W 84TH STREET
SUITE 102
City-State-Zip: HIALEAH FL 33018

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE ZAMORA

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date