#### 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: PATRICK DANCIU

Electronic Signature of Signing Authorized Person(s) Detail

Authorized	Person(s) Detail :
Title	MGRM

SIGNATURE: PATRICK DANCIU

Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	F CARE SYSTEMS BELGIUM	Name	DANCIU, PATRICK O		
Address	KONTICHSESTEENWEG 54	Address	1092 NE 94 STREET		
City-State-Zip:	AARTSELAAR 2630	City-State-Zip:	MIAMI FL 33138		

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.

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000013533

Entity Name: F CARE SYSTEMS USA LLC

#### **Current Principal Place of Business:**

2124 NE 123 RD STREET #202 NORTH MIAMI, FL 33181

## **Current Mailing Address:**

2124 NE 123 RD STREET #202 NORTH MIAMI, FL 33181 US

### FEI Number: 80-0682288

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DANCIU, PATRICK 1092 NE 94 STREET MIAMI SHORES, FL 33138 US Certificate of Status Desired: Yes

01/17/2013

## FILED Jan 17, 2013 Secretary of State CC3722085272

01/17/2013 Date