

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000020063

**Entity Name:** AMERICARE MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

444 BRICKELL AVE  
760  
MIAMI, FL 33131

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC7935660534**

**Current Mailing Address:**

444 BRICKELL AVE  
760  
MIAMI, FL 33131 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRANSACTION ADVISORS & CONSULTANTS, LLC  
10261 SW 72ND STREET  
MIAMI, FL 33131 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	Title	MGR
Name	LAMADRID, ALBERTO	Name	THORNE, ROBERT F
Address	444 BRICKELL AVE 760	Address	444 BRICKELL AVE 760
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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: ROBERT THORNE**

**MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date