

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000226331

Entity Name: MEDLYCARE LLC

Current Principal Place of Business:

6916 W LINEBAUGH AVE
STE 102
TAMPA, FL 33625

FILED
Apr 28, 2017
Secretary of State
CC7728859051

Current Mailing Address:

7700 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653 US

FEI Number: 81-4702461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAN, NOOR A
6916 W LINEBAUGH AVE
STE 102
TAMPA, FL 33625 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 KHAN, NOOR A
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

Title MANAGER
Name KHAN, HAIDER A DR.
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

Title MEMBER
Name KHAN, ABU DR.
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

Title MEMBER
Name KHAN, NAZEER H DR.
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

Title MEMBER
Name KHAN, SAFIA H DR.
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

Title MEMBER
Name KHAN, SABIHA H
Address 6916 W LINEBAUGH AVE STE 102
City-State-Zip: TAMPA FL 33625

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: NOOR KHAN

MANAGER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date