2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90137 030 ****50.00

DOCUMENT # L03000001875

1. Entity Name
UNLIMITED MEDICAL SERVICES OF FLORIDA LLC

Principal Place of Business	Mailing Address
~~2114 DRIVE WAY~~ ~~KISSIMMEE, FL 34746~~	~~2114 DRIVE WAY~~ ~~KISSIMMEE, FL 34746~~

24063861

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1704 Woolco Way	1704 Woolco Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32822 Country: USA	Zip: 32822 Country: USA

4. FEI Number 33-1039609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEITES NORERTO — NORBERTO 2114 DRIVE ~~WAY~~ KISSIMMEE, FL 34746	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. / Managing Partner Fleites, Norberto 2114 Drive Way Kissimmee, FL 34746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. / Managing Partner Fleites, Norberto 2114 Drive Way Kissimmee, FL 34746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ______________________________ 4/27/04 321 235 6230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #