

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001875

1. Entity Name
UNLIMITED MEDICAL SERVICES OF FLORIDA LLC



Principal Place of Business
**1704 WOOLCO WAY
ORLANDO, FL 32822**

Mailing Address
**1704 WOOLCO WAY
ORLANDO, FL 32822**



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**FLEITES, NORERTO
2114 DRIVE WAY
KISSIMMEE, FL 34746**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FLEITES, NORBERTO
2114 DRIVE WAY
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000242505
02/25/05-80002-009 \$0.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/20/5 3212356230