

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091828

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** ALL MEDICAL PERSONNEL, LLC

**Current Principal Place of Business:**

4651 SHERIDAN STREET, STE. 350  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVENUE, STE. 300  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 27-0979343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE, STE. 300  
MIAMI, FL 33131 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BERNSTEIN, NEIL  
Address: 4651 SHERIDAN STREET, STE. 350  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this 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.

SIGNATURE: NEIL BERNSTEIN

MGR

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date