

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000013479

1. Entity Name
ATMPRE LLC



Principal Place of Business
**7491 W OAKLAND PARK BLVD
LAUDERHILL, FL 33301**

Mailing Address
**7491 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319**



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LICHTSCHEIN, TEDDY
% UNIVERSAL HEALTH MANAGEMENT
7491 W OAKLAND PARK BLVD
LAUDERHILL, FL 33301**

**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, 2004**

U000000135000
04/28/04-80040-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHEINER, ELIEZER
7491 W OAKLAND PARK BLVD
LAUDERHILL, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OSTRAFF, RON
17141 NE 13TH AVENUE
N. MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LICHTSCHEIN, TEDDY
2 LACEY COURT
WESLEY HILLS, NY 10977**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Dea Liberman, CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/04
Date

954-967-6500
Daytime Phone #