

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011935

**FILED**  
**Jan 06, 2007**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN MEDICINE, LLC

**Current Principal Place of Business:**

1405 SE GOLDTREE DR.  
SUITE B  
PORT ST. LUCIE, FL 34952 US

**Current Mailing Address:**

1405 SE GOLDTREE DR.  
SUITE B  
PORT ST. LUCIE, FL 34952 US

FEI Number: 65-1047228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

1405 SE GOLDTREE DR.  
SUITE C  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

1405 SE GOLDTREE DR.  
SUITE C  
PORT ST. LUCIE, FL 34952 US

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

PINTO, JOSE  
1405 SE GOLDTREE DR  
B  
PORT SAINT LUCIE, FL 34952 US

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

PINTO, JOSE  
1405 SE GOLDTREE DR  
C  
PORT SAINT LUCIE, FL 34952 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: JOSE PINTO

01/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINTO, JOSE  
Address: 1405 SE GOLDTREE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSE PINTO

MNGR

01/06/2007

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