# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 07, 2004**
**Secretary of State**

DOCUMENT# L01000004171

**Entity Name:** IDEAL MEDICAL LEASING LLC

**Current Principal Place of Business:**

2940 N.E. 188TH STREET, #111
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2940 N.E. 188TH STREET, #111
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 74-2994485** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COHN, ALAN B ESQ.
ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020 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/MEMBERS:**

Title: MGRM ( ) Delete
Name: JMLS FAMILY LTD.,
Address: 1112 WESTON ROAD, #226
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: SP FAMILY LTD.,
Address: 2940 N.E. 188TH STREET, #111
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: DR. LEE BARBACH MGR 07/07/2004

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