
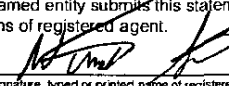
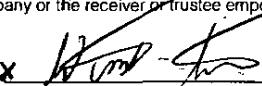


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90107 002 \*\*\*\*50.00

<b>DOCUMENT # L01000009528</b> 1. Entity Name <b>PRECISION MEDICAL RESOURCES, L.L.C.</b>					
Principal Place of Business <b>4815 NW 14TH STREET COCONUT CREEK, FL 33063</b>			Mailing Address <b>4815 NW 14TH STREET COCONUT CREEK, FL 33063</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SINGH, WINSTON % SOUND MEDTREX, INC. 4815 NW 14 STREET COCONUT CREEK, FL 33063</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
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: 		<b>WINSTON SINGH</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: <b>1/27/04</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CURATLEO, MARK</b> <b>1611 N 28 CT</b> <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SINGH, WINSTON</b> <b>7815 NW 14 ST</b> <b>POMPANO BEACH, FL 33063</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: <b>1/27/04</b> (954) 822-4100		

24608849



01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1119043 Applied For Not Applicable

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

FL

Zip Code

1/27/04

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**CURATLEO, MARK**  
**1611 N 28 CT**  
**HOLLYWOOD, FL 33020**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**P**  
**SINGH, WINSTON**  
**7815 NW 14 ST**  
**POMPANO BEACH, FL 33063**

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**MR CURATLEO, MARK**

☒ Change ☐ Addition

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CITY-ST-ZIP

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