

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019654

FILED
May 25, 2004
Secretary of State

Entity Name: A-1 PROCEDURES HEALTH CARE SERVICES POOL, LLC

Current Principal Place of Business:

2040 NE 163RD STREET
SUITE 202B
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

12864 BISCYNE BLVD.
#195
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-1148106 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLEMAN, CATHERINE V
14700 N.E. 9TH COURT
MIAMI, FL 33161 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: MGR () Delete
Name: COLEMAN, CATHERINE
Address: 12864 BISCAYNE BLVD. #195
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: SONJA, JORDAN
Address: 12864 BISCAYNE BLVD. #195
City-St-Zip: NORTH MIAMI, FL 33181

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: SONJA JORDAN

MGR

05/25/2004

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