


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000003664		
1. Entity Name ADVANCE HEALTHCARE SYSTEMS, LLC		

FILED

2004 MAY 18 A 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13640 SW 142 AVE MIAMI, FL 33177	Mailing Address 13640 SW 142 AVE MIAMI, FL 33177
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2. Principal Place of Business 1452 N. KROME AVE Suite, Apt. #, etc. 102H City & State FLORIDA CITY, FL Zip 33034 Country USA	3. Mailing Address 1452 N. KROME AVE. Suite, Apt. #, etc. 102H City & State FLORIDA CITY, FL Zip 33034 Country USA
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04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3005443	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VARES INC. % G. CASTELLANOS 1688 SW 22ND ST MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, BARBARA A 13640 SW 142 AVE MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1452 N. KROME AVE, SUITE 102H FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  BARBARA A. BARNES 4/26/04 285-8868
SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE Date Daytime Phone #