

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008567

1. Entity Name
A.C. MEDICAL CARE, PL



Principal Place of Business
**4698 FOREST HILL BLVD.
SUITE B
WEST PALM BEACH, FL 33415 US**

Mailing Address
**4698 FOREST HILL BLVD.
SUITE B
WEST PALM BEACH, FL 33415 US**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0876524

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CELESTIN, ILEANA
2880 PIPER WAY
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000204178
01/29/05-80057-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CELESTIN, ANDRE
2880 PIPER WAY
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #