

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 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



07052006No Chg-LLC

CR2E083 (11/05)

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

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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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

U000000570096
07/13/06-80018-003 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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 #