2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000008567

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

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

01032007No Chg-LLC CR2E083 (11/05)

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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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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] 1/5/07
Signature, type/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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CELESTIN, ANDRE
STREET ADDRESS	2880 PIPER WAY
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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01/11/07-80001-003 50.00

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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] 1/5/07 561 969 3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #