

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013231

FILED
Apr 27, 2004
Secretary of State

Entity Name: AMERICAN CHOICE HEALTHCARE, L.L.C.

Current Principal Place of Business:

2200 W COMMERCIAL BLVD.
SUITE 207
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2200 W COMMERCIAL BLVD.
SUITE 207
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 27-0014402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, JAY L
2200 W COMMERCIAL BLVD.
SUITE 207
FORT LAUDERDALE, FL 33309 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: COHEN, JAY L
Address: 3102 NW 63RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: DROOKER, STEVEN
Address: 303 GREENWOOD
City-St-Zip: NEWTON, MA 02459

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DROOKER, STEVEN
Address: 400 SOUTH STREET
City-St-Zip: NEEDHAM, MA 02492

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: JAY L COHEN

MGR

04/27/2004

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