2604 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016993

1. Entity Name
AMERICAN MEDICAL MOBILITY, LLC

Principal Place of Business	Mailing Address
3716 NW 97TH BLVD. GAINESVILLE, FL 32606	3716 NW 97TH BLVD. GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

07072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
50-0004150	Not Applicable

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

6. Name and Address of Current Registered Agent

COX, VALERIE
5351 NE 157TH TERR
WILLISTON, FL 32696

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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, 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 8, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COX, VALERIE
STREET ADDRESS	5351 NE 157TH TERR
CITY-ST-ZIP	WILLISTON, FL 32696

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000165954
07/13/04-80003-003 50.00

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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: _____   VALERIE COX   7-9-2004   352-331-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #