

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000024848

1. Entity Name  
ENTIRE HEALTHCARE SYSTEMS, LLC



Principal Place of Business  
240 NORTH DIXIE HWY  
BAY # 18  
HOLLYWOOD, FL 33020

Mailing Address  
240 NORTH DIXIE HWY  
BAY # 18  
HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
01-0752151

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GLASER, ALLEN M P.A.  
11900 BISCAYNE BOULEVARD STE. 807  
MIAMI, FL 33181

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000030409  
02/04/04-80109-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SINGER, KEVIN  
240 NORTH DIXIE HWY., #18  
HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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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 its 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

1/28/04  
Date

(954) 294-9953  
Daytime Phone #