


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000024849 1. Entity Name APEX MEDICAL SYSTEMS, LLC	
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Principal Place of Business 240 NORTH DIXIE HWY BAY 18 HOLLYWOOD, FL 33020	Mailing Address 240 NORTH DIXIE HWY BAY 18 HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



01272004No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1136993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GLASER, ALLAN M P.A. 11900 BISCAYNE BOULEVARD STE. 807 MIAMI, FL 33181	DO NOT WRITE IN THIS SPACE
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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 May 1, 2004**

U000000030411
02/04/04-80109-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGER, KEVIN 240 NORTH DIXIE HWY BAY 18 HOLLYWOOD, FL 33020
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kevin Singer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/04 (954) 294-9953
Date Daytime Phone #