

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029762

FILED
Aug 12, 2004
Secretary of State

Entity Name: ADVANCED MEDICAL CARE COORDINATORS, LLC

Current Principal Place of Business:

2316 PINE RIDGE ROAD
#346
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDGE ROAD
#346
NAPLES, FL 34109

New Mailing Address:

FEI Number: 81-0579308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC
4400 N. FEDERAL HWY STE 210
BOCA RATON, FL 33431 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: MGRM () Delete
Name: WOLFF, BRIAN D M.D.
Address: 7708 SANTA MARGHERITA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: WEBB, MICHAEL M.D.
Address: 12595 SUNSET HARBOR ROAD
City-St-Zip: WEIRSDALE, FL 32195

ADDITIONS/CHANGES:

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

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

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: BRIAN D. WOLFF, M.D.

MGRM

08/12/2004

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