

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000033862

1. Entity Name
ATLAS MEDICAL TECHNOLOGIES OF FLORIDA, L.L.C.



Principal Place of Business
14605 49TH STREET NORTH
SUITE 13
CLEARWATER, FL 33762

Mailing Address
14605 49TH STREET NORTH
SUITE 13
CLEARWATER, FL 33762

FILED
Mar 01, 2004 08:00 AM
Secretary of State



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02102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-1995749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762

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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**

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03/01/04 0015 000 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREWER, RONALD D PRES. 585 FOREST PARKWAY E. LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOLZ, RICHARD H V.PRES 1215 WILLOW ICK CIRCLE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCKTON, RICHARD CFO 1137 EAST PHILADELPHIA ONTARIO, CA 91761
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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)(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: **RICHARD H. SCHOLZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/26/04 (727)533-9889

Date

Daytime Phone #