

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000010791



1. Entity Name
AMEDICORP MANAGEMENT SYSTEMS, LLC

Principal Place of Business
1666 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33179

Mailing Address
1666 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
020683617

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZANA, SOL R
1666 NE MIAMI GARDENS DRIVE
AVENTURA, FL 33179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRMI President
Dianne Amberg
1666 NE MIAMI GARDENS DRIVE
N. Miami Beach, FL 33179

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

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

Date

Daytime Phone #

4.19.04 (305)945-0622

04-29-2004 90062 006 ****55.00

**FILED
Apr 29, 2004 8:00 am
Secretary of State**