

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011928

**FILED**  
**Jan 08, 2004**  
**Secretary of State**

**Entity Name:** ADVOCACY CARE & INSURED MANAGEMENT (ACIM), LLC

**Current Principal Place of Business:**

804 VISCAYA LANE  
ALTAMONTE SPRINGS, FL 327016828

**New Principal Place of Business:**

**Current Mailing Address:**

804 VISCAYA LANE  
ALTAMONTE SPRINGS, FL 327016828

**New Mailing Address:**

PO BOX 150997  
ALTAMONTE SPRINGS, FL 327150997

**FEI Number:** 54-2105535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGES, GEORGE  
585 SOUTH RONALD REAGAN BLVD., SUITE 121  
LONGWOOD, FL 327505462 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: STOCK, JACQUELINE M  
Address: 804 VISCAYA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327016828

**ADDITIONS/CHANGES:**

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: JACQUELINE M STOCK

MGRM

01/08/2004

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