

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016406

FILED
Apr 27, 2004
Secretary of State

Entity Name: QUALITY MEDICAL SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

16530 LAKETREE DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16530 LAKETREE DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KINGSLEY, SUZETTE K
16530 LAKETREE DRIVE
WESTON, FL 33326 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KINGSLEY, SUZETTE K PRES
Address: 55 WESTON ROAD SUITE 208
City-St-Zip: WESTON, FL 33326

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: SUZETTE KINGSLEY MGRM 04/27/2004

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