

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90098 032 ****50.00

DOCUMENT # L03000022717

1. Entity Name
PRESTIGE HEALTHCARE RESOURCES, LLC



Principal Place of Business
**5455 NORTH FEDERAL HIGHWAY, SUITE I-5
BOCA RATON, FL 33487**

Mailing Address
**5455 NORTH FEDERAL HIGHWAY, SUITE I-5
BOCA RATON, FL 33487**

14026519



2. Principal Place of Business
5455 North Federal Highway

3. Mailing Address
5455 North Federal Highway

Suite, Apt. #, etc.
I

Suite, Apt. #, etc.
I

07192004 Chg-LLC CR2EC83 (10/03)

City & State
Boca Raton

City & State
Boca Raton

4. FEI Number
27-0061610

Applied For
☐ Not Applicable

Zip
FLA

Zip
FLA

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

6. Name and Address of Current Registered Agent

**SCHWENDNER, STEPHENIE
5455 NORTH FEDERAL HIGHWAY, SUITE I-5
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Ruth Ann Kalish**
Street Address (P.O. Box Number is Not Acceptable)
5455 N. Federal Highway Suite I
City **Boca Raton** FL Zip Code **33487**

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWENDER, STEPHENIE 3440 DUNES VISTA DRIVE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUELLETTE, CHERI 7625 FOREST GREEN LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALISH, RUTH ANN 1228 HILLSBORO MILE (#102) HILLSBORO BEACH, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

anytime Phone

7/17/04 561 997 9844