

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000022717

1. Entity Name  
PRESTIGE HEALTHCARE RESOURCES, LLC



FILED

2005 APR 29 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business  
912 SE 12th way

3. Mailing Address  
same

11102004 Chg-LLC CR2E083 (10/03)

City & State  
Deerfield Beach, FL  
Zip  
33441

City & State  
City  
Country

4. FEI Number  
27-0061610  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KALISH, RUTH ANN  
5455 NORTH FEDERAL HIGHWAY, SUITE I-5  
BOCA RATON, FL 33487  
912 SE 12th way  
Deerfield Beach, FL 33441

## 7. Name and Address of New Registered Agent

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  
Ruth Kalish

(NOTE: Registered Agent signature required when reinstating)

3/20/05  
DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
OUELLETTE, CHERI  
7625 FOREST GREEN LANE  
BOYNTON BEACH, FL 33436 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KALISH, RUTH ANN  
1228 HILLSBORO MILE (#102)  
HILLSBORO BEACH, FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3440 DUNKS VISTA DRIVE  
POMPANO BEACH, FL 33069 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1228 Hillsboro Mile #102  
Hillsboro Beach FL 33062 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600054109926  
05/09/05--01085--005 \*\*\$50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Ruth Kalish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/05  
Date

Daytime Phone #