

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000036202

**FILED**  
**Aug 09, 2005**  
**Secretary of State****Entity Name:** CAMERON CLINICS LLC**Current Principal Place of Business:**6513 MARBLETREE LANE  
LAKE WORTH, FL 33467**New Principal Place of Business:**P.O. BOX 741383  
BOYNTON BEACH, FL 334741383 US**Current Mailing Address:**6513 MARBLETREE LANE  
LAKE WORTH, FL 33467**New Mailing Address:**P.O. BOX 741383  
BOYNTON BEACH, FL 334741383 US**FEI Number:** 54-2130864**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CAMERON, BLAINE S  
6513 MARBLETREE LANE  
LAKE WORTH, FL 33467 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/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** CAMERON, BLAINE S DR  
**Address:** 6513 MARBLETREE  
**City-St-Zip:** LAKE WORTH, FL 33467**Title:** MGRM ( ) Delete  
**Name:** CAMERON, MARSHA MRS  
**Address:** 5220 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33322**Title:** MGRM ( ) Delete  
**Name:** CAMERON, SHANE M MR  
**Address:** 6513 MARBLETREE LANE  
**City-St-Zip:** LAKE WORTH, FL 33467**Title:** CFO ( ) Delete  
**Name:** CAMERON, DUSTIN MR  
**Address:** 501 SW 75TH AVE  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068**Title:** COO ( ) Delete  
**Name:** MCFARLANE, DOMINIC MR  
**Address:** 4147 HARDSTONE PLACE  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** MGRM (X) Delete  
**Name:** CAMERON, DUSTIN  
**Address:** 501 SW 75TH AVE  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: BLAINE CAMERON

MGRM

08/09/2005

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