04/23/2004 09:11 8132891959 CPA FIRM

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90147 015 ****50.00

DOCUMENT # L03000039023

1. Entity Name
ALL AMERICAN MEDICAL CARE, L.L.C.

Principal Place of Business
11901 FOURT ST. NORTH, APT. 1019
ST PETERSBURG, FL 33716

Mailing Address
11901 FOURT ST. NORTH, APT. 1019
ST PETERSBURG, FL 33716

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
1258 W. Bay Drive
Suite, Apt. #, etc.
Suite A
City & State
Largo, FL
Zip 33770 Country USA

3. Mailing Address
1258 W. Bay Drive
Suite, Apt. #, etc.
Suite A
City & State
Largo, FL
Zip 33770 Country USA

4. FEI Number 20-0357504 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GASSMAN, BATES & ASSOCIATES, P.A.
1245 COURT ST., STE. 102
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hrishi Patel 1258 W. Bay Drive, Suite A Largo, FL 33770 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chirag Patel 1258 W. Bay Drive, Suite A Largo, FL 33770 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: CHIRAG N. PATEL 4/23/04 (727) 480-2307.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #