2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# L03000039023

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

Current Principal Place of Business:

1258 W. BAY DRIVE, SUITE A
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

11737 CORTEZ BLVD.
#206
BROOKSVILLE, FL 34613 54

New Mailing Address:

FEI Number: 20-0357504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GASSMAN, BATES & ASSOCIATES, P.A.
1245 COURT ST., STE. 102
CLEARWATER, FL 33756 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: PATEL, HRISHI
Address: 1258 W. BAY DRIVE SUITE A
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Delete
Name: PATEL, CHIRAG
Address: 1258 W. BAY DRIVE, STE A
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: CHIRAG PATEL, MD MD 07/27/2007

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