# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**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:**

1258 W. BAY DRIVE SUITE A
LARGO, FL 33770

**Current Mailing Address:**

11737 CORTEZ BLVD.
#206
BROOKSVILLE, FL 34613 54

**New Mailing Address:**

11737 CORTEZ BLVD.
206
BROOKSVILLE, FL 34613 54

**FEI Number: 20-0357504** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**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: HRISHI PATEL MD 04/30/2008

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