

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 05, 2005 8:00 am
Secretary of State

6/20/2005-9016

06-20-2005 90165 008 ****50.00

DOCUMENT # L04000000757					
1. Entity Name AMERICAN DOCTORS NETWORK, LLC					
Principal Place of Business 2300 CORPORATE BLVD NW, STE 214 BOCA RATON FL 33431			Mailing Address 2300 CORPORATE BLVD NW, STE 214 BOCA RATON FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2436965	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COHEN, ADAM 2300 CORPORATE BLVD NW, STE 214 BOCA RATON FL 33431			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COHEN, ADAM 2300 CORPORATE BLVD NW, STE 214 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Create	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(b), 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 808, Florida Statutes.					
SIGNATURE: <i>Law Walker</i>			Date: <i>5/3/05</i> Phone: <i>561-988-4000</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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1st MOORE

CR2E083 (10/04)