

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000008392

1. Entity Name

ADVANCED INTEGRATED MEDICAL OF THE PALM BEACHES, L.L.C.



Principal Place of Business

**675 W INDIAN TOWN RD
203
JUPITER FL 33548**

Mailing Address

**675 W INDIAN TOWN RD
203
JUPITER FL 33548**



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

20-0673185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, CHARLES W
675 W INDIAN TOWN RD
SUITE 203
JUPITER FL 33548**

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 remaining)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WRIGHT, CHARLES W
675 W INDIANTOWN RD
JUPITER FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**UN0000439172
03/01/06-80035-010 50.00** ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WALSH, DANIEL
675 W INDIANTOWN RD
JUPITER FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Add

TITLE
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STREET ADDRESS
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11. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/06 561-746-733

Date

Daytime Phone #