

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038414

FILED
Jun 30, 2005
Secretary of State

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

Current Principal Place of Business:

310 SE FIRST ST
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

310 SE FIRST ST
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

SERLE, STEVEN
6070 N FEDERAL HWY
BOCA RATON, FL 33487 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BRADWEIN, GARY S
Address: 310 SE FIRST ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: SERLE, STEVEN
Address: 6070 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LISIEWSKI, MARTIN
Address: 6070 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN SERLE

MGRM

06/30/2005

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