

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90049 010 \*\*\*\*50.00

<b>DOCUMENT # L04000039944</b> 1. Entity Name <b>AMERICAN MEDICAL SOLUTIONS, LLC</b>			
Principal Place of Business <b>9003 SILVERTHORNE ROAD LARGO, FL 33777</b>		Mailing Address <b>9003 SILVERTHORNE ROAD LARGO, FL 33777</b>	
2. Principal Place of Business <b>9003 Silverthorne Rd</b>		3. Mailing Address <b>9003 Silverthorne Rd</b>	
Suite, Apt. #, etc. <b>Rd</b>		Suite, Apt. #, etc. <b>Rd</b>	
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>	
Zip <b>FL 33777</b>		Zip <b>FL 33777</b>	
4. FEI Number <b>20-1186860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOVELACE, WILLIAM K 401 S. LINCOLN AVE. CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name <b>AGRAWAL, RANJANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9003 SILVERTHOR RD</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33777</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>1/31/05</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AGRAWAL, RANJANA 9003 SILVERTHORNE ROAD LARGO, FL 33777</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1/31/05</b> <small>Date Daytime Phone #</small>	