## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90162 016 \*\*\*\*50.00

NAME SIRET ADDRESS CITY-ST-ZIP  ITILE NAME SIRET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHange Addition  Addition  Addition  Addition  Addition  ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  ADDRESS CITY-ST-ZIP	DOCUMENT # L0400063762  1. Entity Name POLK UNITED MEDICAL ASSOCIATION LLC							04-11-2007	90162 (	016 ****	50.00
Surfo, Apl. 4, etc.    Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Sulvo, Apl. 4, etc.   Applied For 20-17762/07   S. Certificate of Status Desired   S. 5.00 Additional Fee Required	2239 NORTH	I BLVD. W	2239 NORTH BLVD. W	2239 NORTH BLVD. W							<b></b> .
City & State  Country  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  AMAE SERVICES LLC  801 N. MAGNOLIA AVENUE, SUITE 201  ORLANDO, FL 32802  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country Sip Country S. Certificate of Status Desired Address of Nort Applications of Post Status Desired Address of North Applications of Post Status Desired A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			3292007	Chg-LLC	CR2E08	3 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  Florida Department of State  City  Florida Department of State  City Size  Ci	City & State		City & State	City & State							<del> </del>
AMAE SERVICES LLC 801 N. MAGNOLIA AVENUE, SUITE 201  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The above named entity subthis the statement of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered face of Florida State of Florida	Zip	Country .	Zip	Zip Country			5 Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Curre	nt Registered Agent		Name	7.	Name and	Address of New Re	gistered A	gent	
B. The above named entity subgriss this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent, or both, in the State of Florida. I am familiar with, and accept the purpose of Florida Department of State    Filling Foe is \$50.00   Make check payable to Florida Department of State	801 N. MA	GNOLIA AVENUE, SUITE 20	01	Street Addres		dress (P.O.	(P.O. Box Number is Not Acceptable)				
8. The above named entity subyths this patiement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered general purposes of registered general purposes of registered general purposes of registered general purposes of registered general purposes. In the State of Florida Department of State    Filing Fee is \$50.00   Make check payable to Florida Department of State			^	-	City			<del></del>	FI	Zip Code	<u></u>
Filing Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MAN MANUBENS, CLAUDIO MANUBENS, CLIV-S1-ZP  TITLE Delete TITLE Delete TITLE MANUBENS, CLAUDIO MANUBENS, CLIV-S1-ZP  TITLE MANUBENS, CLAUDIO MANUBEN	the obligat	ions of registered agent					•	th, in the State of Flori	da. I am fa	imiliar with,	and accept
TITLE MARM MANUDENS, CLAUDIO NAME SQ2S SOUTH HAMPSHIRE COURT WINDERMERE, FL 34786  Delete NAME NAME NAME NAME NORESS CITY-S1-2P  TITLE NAME STREET ADDRESS CITY-S1-2P  TITLE NAME STREET	Fi	iling Fee is \$50.00	на ало ше и аррисаоне. (1901)	d title if applicable (NOTE: Registered Agent signature required			(BINSTALING)		check pa		,
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayure Prone #	indicated limited lia	on this report is true and accurate a billity company or the receiver or trus	nd that my signature shall have tee empowered to execute this	the same report as	legal effect required by	as if made Chapter 6	under oath 08, Florida	i; that I am a managii Statutes.	ng member	or manage	rmation r of the