

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091594

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** AMERICAN MEDICAL PROFESSIONALS,LLC

**Current Principal Place of Business:**

3447 SOUTH FORBES RD  
DOVER, FL 33527

**New Principal Place of Business:**

3221 STEVENSON STREET  
PLANT CITY, FL 33566

**Current Mailing Address:**

P.O. BOX 433  
SYDNEY, FL 33587

**New Mailing Address:**

FEI Number: 20-2009510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE, DEEDEE  
3447 S. FORBES RD  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

MOORE, DEEDEE  
3221 STEVENSON STREET  
PLANT CITY, FL 33566 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: DEEDEE MOORE

03/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOORE, DEEDEE  
Address: P.O. BOX 433  
City-St-Zip: SYDNEY, FL 33587

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: DEEDEE MOORE

EXE

03/26/2007

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