

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027852

1. Entity Name
AMERICAN ELECTRONIC MEDICAL RECORDS, LLC



FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 002 ****50.00

Principal Place of Business
**103 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080**

Mailing Address
**103 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-LLC CR2E083 (11/05)

4. FEI Number

N/A

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

**ALEXANDER, J. STEPHEN ESQ
19 OLD MISSION AVENUE
ST. AUGUSTINE, FL 32084**

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
FISCHER, GARY H
103 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32080**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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**MGRM
FISCHER, MARY P
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #

Gary H. Fischer, M.D.

904-825-4747