


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-09-2006 90011 001 ****50.00

| | |
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| DOCUMENT # L05000027854 |  |
| 1. Entity Name AMERICAN MEDICAL RECORDS, LLC | |

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|---|---|
| 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)

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|-----------------------------|---|
| 4. FEI Number N/A | Applied For <input checked="" type="checkbox"/> Not Applicable |
|-----------------------------|---|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ALEXANDER, J. STEPHEN ESQ 19 OLD MISSION AVENUE ST. AUGUSTINE, FL 32084 | 7. Name and Address of New Registered Agent 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 _____ (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 |
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| 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 | <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 | MGRM FISCHER, MARY P 103 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

Gary H. Fischer, M.D.

Date

Daytime Phone #

904-825-4747