

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020836

Entity Name: AMAZON MEDICAL SERVICES, LLC

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

9806 PINES BLVD
PEMBROKE PINES, FL 33025

New Principal Place of Business:

1221 SW 27TH AVENUE
STE 301
MIAMI, FL 331354759 US

Current Mailing Address:

710 SW 57TH AVENUE
MIAMI, FL 33144

New Mailing Address:

1221 SW 27TH AVENUE
STE 301
MIAMI, FL 331354759 US

FEI Number: 20-4378909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAYAS, ALFREDO V
1221 SW 27TH AVENUE
SUITE 301
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE BIASE, IVAN A
Address: 1221 SW 27TH AVE STE. 301
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM () Delete
Name: ZAYAS, ALFREDO V
Address: 1221 SW 27TH AVE STE. 301
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM () Delete
Name: ZAYAS, SARA J RPT
Address: 1221 SW 27TH AVE STE. 301
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALFREDO V ZAYAS

MGRM

03/12/2008

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