


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000058454
 1. Entity Name
ADULT MEDICINE SPECIALISTS PLLC



Principal Place of Business Mailing Address
 P.O. BOX 2208 P.O. BOX 2208
 JUPITER, FL 33468 JUPITER, FL 33468

DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5011990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MIGUEL
 296 FLAMINGO POINT NORTH
 JUPITER, FL 33458

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

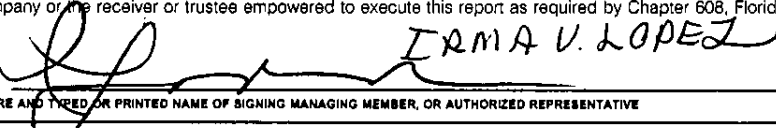
000000835318
 04/24/08-80064-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULLOA, LUIS P.O. BOX 2208 JUPITER, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, IRMA V P.O. BOX 2208 JUPITER, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  IRMA V. LOPEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/8/08 501-745-7878
 Daytime Phone #