

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092516

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: BEST MEDICAL RESOURCES "LLC"

**Current Principal Place of Business:**

6421 CONGRESS AVE  
SUITE 114  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6421 CONGRESS AVE  
SUITE 114  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 20-5602546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAMLER, GARY L  
6421 CONGRESS AVE  
SUITE 114  
BOCA RATON, FL 33487 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: KAMLER, GARY L SECY  
Address: 2363 DEER CREEK TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM ( ) Delete  
Name: REBOTTTINI-GALARDO, TANYA R PRES.  
Address: 6021 WALNUT HILL DR.  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: REBOTTTINI, PHILLIP M  
Address: 113 ELM DR.  
City-St-Zip: RICES LANDING, PA 15357

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: REBOTTTINI-GALARDO, TANYA R PRES.  
Address: 8752 WELLINGTON VIEW DR.  
City-St-Zip: WELLINGTON, FL 33411

Title: MGRM (X) Change ( ) Addition  
Name: REBOTTTINI, PHILLIP M  
Address: 9365 VIA GRANDE WEST  
City-St-Zip: WELLINGTON, FL 33411

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: GARY L KAMLER

MM

04/04/2007

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