

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092516

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** BEST MEDICAL RESOURCES "LLC"

**Current Principal Place of Business:**

6401 CONGRESS AVE  
SUITE 245  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6401 CONGRESS AVE  
SUITE 245  
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:**

MANKUTA, ERIC  
6401 CONGRESS AVE  
SUITE 245  
BOCA RATON, FL 33487 US

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

KAMLER, GARY  
6401 CONGRESS AVE  
SUITE 245  
BOCA RATON, FL 33487 US

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:** GARY L KAMLER

03/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MANKUTA, ERIC  
**Address:** 12712 NW 17TH ST  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** MGRM  
**Name:** KAMLER, GARY  
**Address:** 6401 CONGRESS AVE SUITE 245  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby 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

MGRM

03/05/2011

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