

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111499

FILED
May 04, 2008
Secretary of State

Entity Name: ACCURATE MEDICAL SERVICES, LLC

Current Principal Place of Business:

18241 SKY TOP LN
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

18241 SKY TOP LN
GROVELAND, FL 34736

New Mailing Address:

PO BOX 1328
SEFFNER, FL 33584

FEI Number: 02-0794580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

MCCLAMMA, JERRIE L MGMR
18241 SKY TOP LN
GROVELAND, FL 34736 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: JERRIE L MCCLAMMA

05/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCLAMMA, JERRIE
Address: 18241 SKY TOP LN
City-St-Zip: GROVELAND, FL 34736

Title: MGRM () Delete
Name: SEVELIN, PATTI
Address: 5729 S GEORGIAN RD
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES:

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: JERRIE L MCCLAMMA

MGRM

05/04/2008

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