2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000111499

Entity Name: ACCURATE MEDICAL SERVICES, LLC

Current Principal Place of Business:

18241 SKY TOP LN
GROVELAND, FL 34736

New Principal Place of Business:

2202 TOWERING OAKS CIR
SEFFNER, FL 33584

Current Mailing Address:

PO BOX 1328
SEFFNER, FL 33584

New Mailing Address:

2202 TOWERING OAKS CIR
SEFFNER, FL 33584

FEI Number: 02-0794580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCCLAMMA, JERRIE L MGMR
2202 TOWERING OAKS CIR
SEFFNER, FL 33584 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: 04/14/2009
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: MGRM (X) Change ( ) Addition
Name: MCCLAMMA, JERRIE
Address: 2202 TOWERING OAKS CIR
City-St-Zip: SEFFNER, FL 33584

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 MCCLAMMA MGRM 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date