## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 24, 2007 8:00 am Secretary of State

DOCUMENT # L06000118946  1. Entity Name TOTAL PATIENT SERVICES LLC							04-23-2001	7 90374 034 ***	**55.00
Principal Place of Business 331 SW 18 TERRACE MIAMI, FL 33129			Mailing Address 331 SW 18 TERRACE MIAMI, FL 33129		<u> </u>		3000	8755	
2. Principal P	Tace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192007			
City & State			City & State			4. EEI Numbe	Chg-LLC	CR2E083 (12/06)	optied For
					20-	8/11/15	9 / N	lot Applicable	
Zip Country		Zip Country		нту	L	of Status Desired	\$5.00 Ad Fee Require	iditional ed	
-	ë. Hame	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistored Agent	
ANGELINI, MARTHA 331 SW 18 TERRACE			Street Address		(P.O. Box Numbe	er is Not Acceptable	)		
MIAMI, FL	. 33129								
					City	**	·	FL Zip Cox	de
	named entit		or the purpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar with	and accept
SIGNATURE									
<del> </del>	Signature, typed	or printed name of registered agen	t and title if applicable. (NOT	F: Regretere	d Agent signeture require	d when remaining)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
D	ue by Ma	y 1, 2007							te
9.	ue by Ma	y 1, 2007		10.				CHANGES	
D	MGR	y 1, 2007	ERS/MANAGERS	10.			Florida	Department of Star	Addition
9. TITLE MAME STREET ADDRESS	MGR ANGELIN 331 SW 1	MANAGING MEMB MARTHA 18 TERRACE		TITU NAM STRE	E ET ADDRESS		Florida	CHANGES	
9. TITLE NAME	MGR ANGELIN	MANAGING MEMB MARTHA 18 TERRACE	☐ Detete	TITU NAM STRE	E ET ADORESS - St-ZIP		Florida	CHANGES Change	Addition
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