2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# L07000042406

Entity Name: AMERICA'S MEDICAL CHOICE LLC

Current Principal Place of Business:

400 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176

New Principal Place of Business:

400 SOUTH ATLANTIC AVE.
SUITE 108
ORMOND BEACH, FL 32176

Current Mailing Address:

400 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176

New Mailing Address:

400 SOUTH ATLANTIC AVE.
SUITE 108
ORMOND BEACH, FL 32176

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HELLE, JANET
136 RIVERSIDE DR
ORMOND BEACH, FL 32176 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: JANET HELLE 01/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HELLE, JANET	
Address:	400 SOUTH ATLANTIC AVE.	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	MGR	( ) Delete
Name:	HELLE, RANDALL	
Address:	400 SOUTH ATLANTIC AVE.	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	S	( ) Delete
Name:	HELLE, RANDALL	
Address:	400 SOUTH ATLANTIC AVE.	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	T	( ) Delete
Name:	HELLE, JANET	
Address:	400 SOUTH ATLANTIC AVE.	
City-St-Zip:	ORMOND BEACH, FL 32176	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JANET HELLE MGR 01/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date