2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L07000042406

Entity Name: AMERICA'S MEDICAL CHOICE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

HELLE, JANET
136 RIVERSIDE DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

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 01/14/2009

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