

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042406

FILED
Jan 04, 2010
Secretary of State

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
Name: HELLE, JANET
Address: 400 SOUTH ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR
Name: HELLE, RANDALL
Address: 400 SOUTH ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: S
Name: HELLE, RANDALL
Address: 400 SOUTH ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: T
Name: HELLE, JANET
Address: 400 SOUTH ATLANTIC AVE.
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 H HELLE

MGR

01/04/2010

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