

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086422

FILED
Apr 10, 2009
Secretary of State

Entity Name: AMBULATORY CARE CONSULTANTS, LLC

Current Principal Place of Business:

1103 TUSCANY DR
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1103 TUSCANY DR
TRINITY, FL 34655

New Mailing Address:

FEI Number: 26-3364795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURMAN-RAMIREZ, SALLY L
1103 TUSCANY DR
TRINITY, FL 34655 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: MGMR () Delete
Name: FURMAN-RAMIREZ, SALLY L
Address: 1103 TUSCANY DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

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: SALLY FURMAN-RAMIREZ

MGMR

04/10/2009

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