

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 MAY -1 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L96000000158**

S/R AMERICAN MED-CARE CENTERS, L.C.  
~~3184 S. CONGRESS AVE.~~  
~~PALM SPRINGS FL 33461~~

1a. Principal Place of Business Address

~~3184 S. CONGRESS AVE.~~  
~~PALM SPRINGS FL 33461~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3047 Forest Hill Blvd  
Suite, Apt. #, etc.

3047 Forest Hill Blvd  
Suite, Apt. #, etc.

3. Date Organized or Qualified

3a. State of Formation

02/06/1996

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SB 75 Additional Fee Required ☐

City, Apt. #, etc.

City, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3340

USA

33406

USA

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

REIMER, BRIAN D  
3184 S. CONGRESS AVE.  
PALM SPRINGS FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

3047 Forest Hill Blvd  
42  
West Palm Beach FL 33406

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SILVERMAN, STEVEN R	3184 S. CONGRESS AVE.	PALM SPRINGS FL
MGRM	REIMER, BRIAN D	3184 S. CONGRESS AVE.	PALM SPRINGS FL

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\*\*\*\*209.75 \*\*\*\*209.75

450  
6/12/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Brian Reimer

4/23/97 (561) 967-6655

Date

Daytime Phone #