

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007420

**FILED**  
**May 11, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL CLAIMS LC

**Current Principal Place of Business:**

4703 SELVITZ ROAD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

4703 SELVITZ ROAD  
FORT PIERCE, FL 34981

**New Mailing Address:**

FEI Number: 65-0959560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIAS, VINCENT FRANCIS S.  
4703 SELVITZ ROAD  
FORT PIERCE, FL 34981 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: VINCENT FRANCIS FRIA, S  
Address: 4703 SELVITZ ROAD  
City-St-Zip: FORT PIERCE, FL 34981

**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 for the exemption stated in Section 119.07(3)(i), 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: VINCENT FRANCIS FRIAS

MGR

05/11/2004

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