

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000107765

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL MEDICAL MANAGEMENT L.L.C.

**Current Principal Place of Business:**

921 S SUNFISH AVE  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

921 S SUNFISH AVE  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 27-1197742      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COWAN, JOLENE S  
9921 E BLUEGILL CT  
INVERNESS, FL 34450      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: STRONG, KATHLEEN R  
Address: 921 S SUNFISH AVE  
City-St-Zip: INVERNESS, FL 34450

Title: MGR  
Name: COWAN, JOLENE S  
Address: 9921 E BLUEGILL CT  
City-St-Zip: INVERNESS, FL 34450

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: KATHLEEN R STRONG

MGR

05/03/2010

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