2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000062

1. Entity Name
UNI-MED CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH, FL 33130	17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH, FL 33130

DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0818030

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JAMES W
17021 NORTH BAY ROAD, SUITE 408
NORTH MIAMI BEACH, FL 33130

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MBR
NAME	BROWN, JAMES W
STREET ADDRESS	17021 N. BAY RD.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	MBR
NAME	BROWN, REBEKKAH B
STREET ADDRESS	17021 N. BAY RD.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	MBR
NAME	BROWN, DAVID J
STREET ADDRESS	152 MARGARET AVENUE
CITY-ST-ZIP	NUTLEY, NJ 07110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: JAMES W. BROWN 4/27/05 305-944-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #