2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
04-17-2006 90047 015 ****50.00

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

2. Principal Place of Business	3. Mailing Address
7711 N. MILITARY TRAIL Suite, Apt. #, etc.	7711 N. MILITARY TRAIL Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS	City & State: PALM BEACH GARDENS
Zip: 33410 Country:	Zip: 33418 Country:

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	7. Name and Address of New Registered Agent
BROWN, JAMES W 17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH, FL 33130	Name: JAMES W. BROWN Street Address (P.O. Box Number is Not Acceptable) 1 GRAEMOOR TERRACE City: PALM BEACH GARDENS FL Zip Code: 33418

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR BROWN, JAMES W 17021 N. BAY RD. N. MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER 1 GRAEMOOR TERRACE PALM BEACH GARDENS, FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR BROWN, REBEKKAH B 17021 N. BAY RD. N. MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER 1 GRAEMOOR TERRACE PALM BEACH GARDENS, FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MBR~~ BROWN, DAVID J 152 MARGARET AVENUE NUTLEY, NJ 07110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

04132006 Chg-LLC CR2E083 (11/05)