

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000062

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** UNI-MED CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

7711 N MILITARY TRL  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 32373  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 65-0818030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BROWN, JAMES W  
1 GRAEMOOR TERRACE  
PALM BEACH GARDENS, FL 33418 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:** MGRM  
**Name:** BROWN, JAMES W  
**Address:** P.O. BOX 32373  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420

**Title:** MGR  
**Name:** BROWN, REBEKKAH B  
**Address:** P.O. BOX 32373  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420

**Title:** MGR  
**Name:** BROWN, DAVID J  
**Address:** P.O. BOX 32373  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420

**Title:** MGR  
**Name:** FORD, ERIN J  
**Address:** P.O. BOX 32373  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420

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:** JAMES W. BROWN

MGRM

01/05/2012

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