


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90138 032 \*\*\*\*50.00

**DOCUMENT # M03000004082**

1. Entity Name  
**PREFERRED MEDICAL PERSONNEL, LTD. L.L.C.**



Principal Place of Business: 132 N. MULBERRY STREET, CHILLICOTHE OH 45601  
 Mailing Address: 132 N. MULBERRY STREET, CHILLICOTHE OH 45601

44002000



MOORE CR2E083 (4/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: **31-1581539**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WINKS, VERONICA M**  
**371 MARAVILLA DRIVE**  
**DESTIN FL 32550**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINKS, VERONICA 132 N. MULBERRY STREET CHILLICOTHE OH 45601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOHERTY, KEVIN 132 N. MULBERRY STREET CHILLICOTHE OH 45601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **8/20/04 740 7791764**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #