

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004082

FILED
Apr 29, 2005
Secretary of State

Entity Name: PREFERRED MEDICAL PERSONNEL, LTD. L.L.C.

Current Principal Place of Business:

132 N. MULBERRY STREET
CHILLICOTHE, OH 45601

New Principal Place of Business:

Current Mailing Address:

132 N. MULBERRY STREET
CHILLICOTHE, OH 45601

New Mailing Address:

FEI Number: 31-1581539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKS, VERONICA M
371 MARAVILLA DRIVE
DESTIN, FL 32550 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/MEMBERS:

Title: MGRM () Delete
Name: WINKS, VERONICA
Address: 132 N. MULBERRY STREET
City-St-Zip: CHILLICOTHE, OH 45601

Title: MGRM () Delete
Name: DOHERTY, KEVIN
Address: 132 N. MULBERRY STREET
City-St-Zip: CHILLICOTHE, OH 45601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERONICA M. WINKS

GP

04/29/2005

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