

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003312

1. Entity Name

PRO-MED CLINICAL SYSTEMS, L.L.C.

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90126 012 \*\*\*\*50.00

Principal Place of Business

8641 N.W. 51 PLACE  
CORAL SPRINGS FL 33067

Mailing Address

8641 N.W. 51 PLACE  
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0993333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROSSJUNG, THOMAS L  
8641 N.W. 51 PLACE  
CORAL SPRINGS FL 33067

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR GROSSJUNG, THOMAS L ☐ Delete  
STREET ADDRESS 8641 N.W. 51 PLACE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE NAME MGR GROSSJUNG, PAMELA ☐ Delete  
STREET ADDRESS 8641 N.W. 51 PLACE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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.



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)