

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003312

FILED
Apr 15, 2006
Secretary of State

Entity Name: PRO-MED CLINICAL SYSTEMS, L.L.C.

Current Principal Place of Business:

8641 N.W. 51 PLACE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

8641 N.W. 51 PLACE
CORAL SPRINGS, FL 33067

New Mailing Address:

C/O THOMAS L GROSSJUNG
POST OFFICE BOX 8461
CORAL SPRINGS, FL 33075

FEI Number: 65-0993333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSJUNG, THOMAS L
8641 N.W. 51 PLACE
CORAL SPRINGS, FL 33067 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: MGR () Delete
Name: GROSSJUNG, THOMAS L
Address: 8641 N.W. 51 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: GROSSJUNG, PAMELA
Address: 8641 N.W. 51 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GROSSJUNG, THOMAS L
Address: POST OFFICE BOX 8461
City-St-Zip: CORAL SPRINGS, FL 33075

Title: MGR (X) Change () Addition
Name: GROSSJUNG, PAMELA
Address: POST OFFICE BOX 8461
City-St-Zip: CORAL SPRINGS, FL 33075

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS L GROSSJUNG

MGR

04/15/2006

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