

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L00000003312

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



Principal Place of Business
**8641 N.W. 51 PLACE
CORAL SPRINGS, FL 33067**

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



01292007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GROSSJUNG, THOMAS L
POST OFFICE BOX 8461
CORAL SPRINGS, FL 33075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GROSSJUNG, PAMELA
POST OFFICE BOX 8461
CORAL SPRINGS, FL 33075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000651300
03/09/07-80002-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/16/07

Date

Daytime Phone #