

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003312

FILED  
Apr 13, 2009  
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:**

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

**New Mailing Address:**

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: POST OFFICE BOX 8461  
City-St-Zip: CORAL SPRINGS, FL 33075

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

**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 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

04/13/2009

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