

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005279

1. Entity Name

PMG MEDICAL MANAGEMENT SERVICES, LLC

Principal Place of Business

Mailing Address

5150 TAMiami TRAIL NORTH, #503
NAPLES FL 34103

5150 TAMiami TRAIL NORTH, #503
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE HOLTEN COMPANY, LLC
% PREFERRED MEDICAL GROUP, INC.
5150 TAMiami TRAIL NORTH, #503
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 400

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

800004035638--0
-04/20/01--01077--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Don Holten 5150 Tamiami Trail Naples Florida 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chris Male 5150 Tamiami Trail Naples Florida 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (1/1/00)

6000200