

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005279

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: PMG MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5150 TAMIAMI TRAIL NORTH, #400
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5150 TAMIAMI TRAIL NORTH, #400
NAPLES, FL 34103

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE HOLTON COMPANY, LLC
% PREFERRED MEDICAL GROUP, INC.
5150 TAMIAMI TRAIL NORTH, #400
NAPLES, FL 34103 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/MEMBERS:

Title: C () Delete
Name: HOLTON, DON
Address: 5150 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL

Title: P () Delete
Name: MALE, CHRIS
Address: 5150 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLTON, DON
Address: 5150 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL

Title: MGR (X) Change () Addition
Name: MALE, CHRIS
Address: 5150 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS MALE

MGR

04/29/2002

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