

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005279

FILED
Mar 18, 2004
Secretary of State

Entity Name: PMG MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3649223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HOLTON COMPANY, LLC
C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 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: MGR () Delete
Name: HOLTON, DON
Address: 9140 CORSEA DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109 US

Title: MGR () Delete
Name: MALE, CHRIS
Address: 115 HEDGEROW TRACE
City-St-Zip: DULUTH, GA 30097 US

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 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: DON HOLTON

MGR

03/18/2004

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