

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 004 ****50.00

DOCUMENT # L01000020264

1. Entity Name
PAMED MEDICAL SPECIALTIES, LLC



Principal Place of Business
**8801 SPRINGWOOD CT
BONITA SPRINGS, FL 34135**

Mailing Address
**8801 SPRINGWOOD CT
BONITA SPRINGS, FL 34135**

2. Principal Place of Business - No P.O. Box #
27281 Tennessee Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2403
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
03-0408821 Applied For
Not Applicable

Zip Country
34135 USA

Zip Country
34133-2403 USA

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGREGOR, PAMELA S
8801 SPRINGWOOD CT
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
27281 Tennessee Street
City
Bonita Springs FL 34135

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 Pamela S. McGregor Pamela S. McGregor 3/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGREGOR, PAMELA S 8801 SPRINGWOOD COURT BONITA SPRINGS, FL 34135	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	27281 Tennessee Street Bonita Springs, FL 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Pamela S. McGregor Pamela S. McGregor MGRM 3/1/07 (239)293-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #