



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L01000020264 1. Entity Name PAMED MEDICAL SPECIALTIES, LLC	
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Principal Place of Business 27281 TENNESSEE ST BONITA SPRINGS, FL 34135	Mailing Address P.O. BOX 2403 BONITA SPRINGS, FL 34133-2403
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0408821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGREGOR, PAMELA S 27281 TENNESSEE STREET BONITA SPRINGS, FL 34135	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGREGOR, PAMELA S 27281 TENNESSEE STREET BONITA SPRINGS, FL 34135
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04/10/08-80102-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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 3/8/08 (239)293-2491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #