

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020264

FILED
Jan 26, 2009
Secretary of State

Entity Name: PAMED MEDICAL SPECIALTIES, LLC

Current Principal Place of Business:

27281 TENNESSEE ST
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2403
BONITA SPRINGS, FL 341332403

New Mailing Address:

FEI Number: 03-0408821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREGOR, PAMELA S
27281 TENNESSEE STREET
BONITA SPRINGS, FL 34135 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/MANAGERS:

Title: MGRM () Delete
Name: MCGREGOR, PAMELA S
Address: 27281 TENNESSEE STREET
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA S. MCGREGOR

MGRM

01/26/2009

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