

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020264

**FILED**  
**Mar 25, 2012**  
**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  
Name: MCGREGOR, PAMELA S  
Address: 27281 TENNESSEE STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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

03/25/2012

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