## 2005 LIMITED LIABILITY COMPANY

**FILED** Jan 24, 2005 08:00 AM

|  | ANNUAL   | KEPOKI  |          |                               | C.                  | Sanatamy of Cta                    |  |
|--|--|---|----------|-------------------------------|---------------------|------------------------------------|--|
| DOCUMENT # L0200000874  1. Entity Name PMC SERVICES, LLC                     |  |   |          |                               | 50                  | ecretary of Sta                    |  |
| 1893 KINGSI<br>Suite C   | e of Business<br>LEY AVE<br>RK, FL 32073   | Mailing Address<br>1893 KINGSLEY AVE<br>SUITE C<br>ORANGE PARK, FL 32 | 2073     |                               |                     |                                    |  |
| DO NOT WRITE IN THIS SPA   |  |   |          | Œ                             | 01172005 No Chg-LLC |                                    |  |
|  | 6. Name and Address of Current F   | tegistered Agent  |          | ,                             |                     |                                    |  |
| AKEL, EDWARD C<br>ONE INDEPENDENT DR<br>SUITE 2301<br>JACKSONVILLE, FL 32202 |  |   |          | DO NOT WRITE<br>IN THIS SPACE |                     |                                    |  |
|  | named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent as | <u> </u>  | ·        | ed office or registere        |                     | da. I am familiar with, and accept |  |
|  | iling Fee is \$50.00<br>ue by May 1, 2005  |   | <u> </u> |                               |                     |                                    |  |
| 9.   | MANAGING MEMBER  | RS/MANAGERS   | ***      | <u> </u>                      | ,                   |                                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>MILLSTONE, STUART Z M.D.<br>1893 KINGSLEY AVE SUITE C<br>ORANGE PARK, FL 32073                                      |   |          | شفاسي وسننش وورو              |                     | 0194671<br>+80109-018 50.00        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |          |                               |                     |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               |  |   |          |                               | DO NOT W            | RITE                               |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  | 1111   |   | i        |                               | IN THIS SP          | ACE                                |  |
| TITLE  |  |   | <u> </u> |                               |                     |                                    |  |

11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

-20-05

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date