

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000874

Entity Name: PMC SERVICES, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1893 KINGSLEY AVE  
SUITE C  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1893 KINGSLEY AVE  
SUITE C  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 04-3596257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AKEL, EDWARD C  
ONE INDEPENDENT DR  
SUITE 2301  
JACKSONVILLE, FL 32202 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: MGR ( ) Delete  
Name: MILLSTONE, STUART Z M.D.  
Address: 1893 KINGSLEY AVE SUITE C  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR ( ) Delete  
Name: ROTHSTEM, MITCHELL S M.D.  
Address: 1893 KINGSLEY AVE STE C  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES:**

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

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: STUART Z MILLSTONE

MGR

04/15/2009

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