

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90105 041 \*\*\*\*50.00

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|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L02000028504</b><br>1. Entity Name<br><b>MEDICAL MANAGEMENT SERVICES, LLC</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>4875 NE 20TH TERRACE<br/>FORT LAUDERDALE, FL 33308</b>  |   |  | Mailing Address<br><b>4875 NE 20TH TERRACE<br/>FORT LAUDERDALE, FL 33308</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   | 04262005 Chg-LLC CR2E083 (10/03)  |  |
| Zip   |   | Country  |   | 4. FEI Number<br><b>74-3066265</b>  |  |
|   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARTOLOME, ELMO V<br/>4875 NE 20TH TERRACE<br/>FORT LAUDERDALE, FL 33308</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 re-registering) DATE _____  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>BARTOLOME, ELMO V<br/>4875 NE TERRACE<br/>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>M<br/>BARTOLOME, DELIAH<br/>4875 NE 20th Terr.<br/>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |  |
| <b>SIGNATURE</b> <b>Elmo V Bartolome</b>  |   |  | Date <b>4/26/05</b> Daytime Phone # <b>954-958-9300</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |   |  |