2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# L02000030387

Entity Name: EXECUTIVE MEDICAL SERVICES LLC

Current Principal Place of Business:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 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/MEMBERS:

Title: MGR ( ) Delete
Name: PA MANAGEMENT LLC,
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR ( ) Delete
Name: DREW MEDICAL, INC.,
Address: 7208 SANDLAKE RD, SUITE 300
City-St-Zip: ORLANDO, FL 32819

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 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 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: DENNIS J. BUHRING MGR 01/08/2004

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