2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # L0300009049 1. Entity Name PRO-MED MANAGEMENT, L.L.C.					04-21-2004 90448 023 ****50.00			
Principal Place of Business C/O THOMAS L. GROSSJUNG 8641 N.W. 51ST PLACE CORAL SPRINGS, FL 33067		Mailing Address C/O THOMAS L. GROSSIUNG 8641 N.W. 51ST PLACE CORAL SPRINGS, FL 33067			II TTIET IIII OOKI OONI OONI		/	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.		04062004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numb 20 - 6	503493	8 N	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Currer	t Registered Agent	[7. Name and	d Address of New Ro	egistered Agent	
~ VBATUED	DODEDT M.			Name	-			
KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Coo	е
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept
\$IGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered	1 Agent signature require	kd when reinstating)	.,	DATE	
	iling Fee is \$50.00				•	Make	check payable to	
Di	ue by Ma <u>y 1, 2004</u>		-			Florida	Department of Stat	e .
	<u>:</u>						<u>ୟ () ପ୍ରତ୍ୟର୍ଥ ପ୍ରତ୍ୟର ପ୍ରତ୍</u>	
9. 1 11	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
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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.

SIGNATURE: 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MINUS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayture Phone #