## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI							FILED			
DOCUMENT # L03000011017										
1. Entity Name MEDPRO SOLUTIONS, LLC						07 APR 26 PM 3: 56				
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Principal Place of Business Mailing Address							. 411 4114 22	EE, IL(	irida	
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Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03202007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Number 84-1624			_ <del> </del>	Applicable
Zip			Zip Country		try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent Name						7. Name and	Address of New Re	egistered A	gent	
HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800					Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32501							<del>.</del>			
					City			FL	Zip Code	
	named entit		the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flo	rida. I am fa	amiliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2007								e check pa Departme	yable to ent of State	
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9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
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