

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 16, 2004 8:00 am
Secretary of State**

04-16-2004 90414 027 ****50.00

DOCUMENT # L03000015594

1. Entity Name
PRO-MED PHYSICIAN SERVICES, L.L.C.



Principal Place of Business
C/O THOMAS L. GROSSJUNG
8641 NW 51ST PLACE
CORAL SPRINGS, FL 33067

Mailing Address
C/O THOMAS L. GROSSJUNG
8641 NW 51ST PLACE
CORAL SPRINGS, FL 33067

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., STE. 485-SOUTH
HOLLYWOOD, FL 33021

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSJUNG, THOMAS L 8641 NW 51ST PLACE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSJUNG, PAMELA 8641 NW 51ST PLACE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas L. Grossjung

4-08-04

Date

Daytime Phone #