

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041327

**FILED**  
**Feb 19, 2005**  
**Secretary of State**

**Entity Name:** PREFERRED MEDICAL GROUP EMPLOYMENT SERVICES LLC

**Current Principal Place of Business:**

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 20-0337104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACDONALD, DAVID A  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

MCNAMARA, LISA A  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

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: LISA A. MCNAMARA

02/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LFM CAPITAL, LLC,  
Address: 391 LAGOON AVENUE  
City-St-Zip: NAPLES, FL 34108 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MALE COMPANY, LLC,  
Address: 3250 PEACHTREE IND BLVD #112  
City-St-Zip: DULUTH, GA 30096 US

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: CHRIS MALE

MGR

02/19/2005

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