

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041327

**FILED**  
**Feb 14, 2006**  
**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:**

MCNAMARA, LISA A  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MALE COMPANY, LLC,  
Address: 115 HEDGEROW TRACE  
City-St-Zip: DULUTH, GA 30097 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/14/2006

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