FEB-16-2006(THU) 13:00 REDDISH AND WHITE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90300 048 ****50.00

DOCUMENT # L03000056106

1. Entity Name
E&M MEDICAL SERVICES, LLC

Principal Place of Business	Mailing Address
1210 ANDREWS CIRCLE STARKE, FL 32091	1210 ANDREWS CIRCLE STARKE, FL 32091

02162006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-0569353
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, EDDIE G JR.
1210 ANDREWS CIRCLE
STARKE, FL 32091

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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 reinstated) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIMON, JOELLE M
STREET ADDRESS	10450 HAMPTON AVE.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	MGRM
NAME	SIMON, JAMES E JR.
STREET ADDRESS	10450 HAMPTON AVE.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	MGRM
NAME	HALL, EDDIE G JR.
STREET ADDRESS	1210 ANDREWS CIRCLE
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eddie G Hall Jr 3/28/06 904-964-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #