2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# L04000041560

Entity Name: PRO MED HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

165 HAINESPORT DRIVE
LAKE ALFRED, FL 33850

New Principal Place of Business:

323 3RD STREET NW
WINTER HAVEN, FL 33881

Current Mailing Address:

165 HAINESPORT DRIVE
LAKE ALFRED, FL 33850

New Mailing Address:

323 3RD STREET NW
WINTER HAVEN, FL 33881

FEI Number: 51-0513154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRINKLEIN, STEVEN D
165 HAINESPORT DRIVE
LAKE ALFRED, FL 33850 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: TRINKLEIN, STEVE D
Address: 165 HAINESPORT DRIVE
City-St-Zip: LAKE ALFRED, FL 33850

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: STEVEN D TRINKLEIN MGR 01/26/2005

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