

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041560

FILED
Mar 01, 2006
Secretary of State

Entity Name: PRO MED HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

323 3RD STREET NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

603 6TH ST NW
WINTER HAVEN, FL 33881

Current Mailing Address:

323 3RD STREET NW
WINTER HAVEN, FL 33881

New Mailing Address:

603 6TH ST 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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE TRINKLEIN

MGR

03/01/2006

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