2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L04000041560

Entity Name: PRO MED HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

603 6TH ST. NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

603 6TH ST. NW
WINTER HAVEN, FL 33881

New Mailing Address:

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:

TRINKLEIN, STEVEN D
603 6TH ST NW
WINTER HAVEN, FL 33881 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: 01/24/2007
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: MGR (X) Change ( ) Addition
Name: TRINKLEIN, STEVE D
Address: 603 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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 D 01/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date