

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054357

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: PROMED SOLUTIONS, LLC

**Current Principal Place of Business:**

5475 NE ST. JAMES DR. #189  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

5475 NE ST. JAMES DR. #189  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 20-2929339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNOR, ROBYN  
5475 NE ST. JAMES DR. #189  
PORT ST. LUCIE, FL 34983 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: MGRM ( ) Delete  
Name: DAVIS, GABRIELLE D  
Address: 1443 SW 48 TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM ( ) Delete  
Name: CONNOR, ROBYN  
Address: 1443 SW 48 TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, GABRIELLE D  
Address: 5475 NE ST JAMES DRIVE #189  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM (X) Change ( ) Addition  
Name: CONNOR, ROBYN  
Address: 5475 NE ST JAMES DR #189  
City-St-Zip: PORT ST LUCIE, FL 34983

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: ROBYN CONNOR

MGRM

04/24/2007

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