

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000073258

1. Entity Name
PRO MASTER MEDICAL, LLC



Principal Place of Business
**15913 OLD STONE PLACE
TAMPA, FL 33624**

Mailing Address
**15913 OLD STONE PLACE
TAMPA, FL 33624**



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4579652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YORE, THOMAS JOHN SR.
15913 OLD STONE PLACE
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YORE, THOMAS J SR. 15913 OLD STONE PLACE TAMPA, FL 33624
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04/25/08-80063-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08

Daytime Phone #