2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# L05000097040

Entity Name: PSC PROFESSIONAL CLAIM SERVICE, LLC

Current Principal Place of Business:

3275 W. HILLSBORO BLVD., SUITE 207
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3275 W. HILLSBORO BLVD., SUITE 207
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 90-0255279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BLVD., SUITE 207
DEERFIELD BEACH, FL 33442 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: PACIOREK, ORPHA
Address: 3275 W HILLSBORO BLVD SUITE 207
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ORPHA PACIOREK MGMR 03/23/2006

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