

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L05000101006

1. Entity Name
PEDMAX HEALTHCARE, LLC



Principal Place of Business
**5566 WHISPERING WOODS PL
LAKE FOREST, FL 32771**

Mailing Address
**5566 WHISPERING WOODS PL
LAKE FOREST, FL 32771**



04072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0556040

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOWERSBY, SARAH
5566 WHISPERING WOODS PL
LAKE FOREST, FL 32771**

**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

Sarah Sowersby
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

4/7/7
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000700758
04/20/07-80031-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOWERSBY, JOHN 5566 WHISPERING WOODS PL LAKE FOREST, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

John Sowersby

4/7/7
Date

407-322-4437
Daytime Phone #