2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120123

Entity Name: PRIME MED MANAGEMENT, LLC

FILED Apr 27, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

 2800 N. GLADES CIRCLE
 2800 N. GLADES CIRCLE

 SUITE 116
 SUITE 1400204232524

 WESTON, FL 33327
 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

 2800 N. GLADES CIRCLE
 2800 N. GLADES CIRCLE

 SUITE 116
 SUITE 1400

 WESTON, FL 33327
 WESTON, FL 33327

FEI Number: 20-4232524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROMANELLO PROFESSIONAL ASSOCIATION 11555 HERON BAY BOULEVARD SUITE 200 CORAL SPRINGS, FL FL 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ROMANELLO, BRUCE J
 Name:

 Address:
 2800 N. GLADES CIRCLE, SUITE 116
 Address:

 City-St-Zip:
 WESTON, FL 33327 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 COLL, MANNY
 Name:

 Address:
 2800 N. GLADES CIRCLE, SUITE 116
 Address:

 City-St-Zip:
 WESTON, FL 33327 US
 City-St-Zip:

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: BRUCE ROMANELLO MGRM 04/27/2006