# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 20, 2007**
**Secretary of State**

DOCUMENT# L06000002836

**Entity Name:** PREFERRED MEDICAL COLLECTIONS, LLC

**Current Principal Place of Business:**

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCNAMARA, LISA A
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 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: MGR ( ) Delete
Name: BGA, LLC,
Address: 296 MONTEREY DR
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete
Name: HOLTON COMPANY, LLC,
Address: 9140 CORSEA DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LISA MCNAMARA MGR 04/20/2007

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