## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000003474

TAMARAC, FL 33321

City-St-Zip:

Entity Name: COMPLETE MEDICAL SERVICES LLC

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
9205 NW 8	83 ST. C, FL 33321			
Current Mailing Address:			New Mailing Address:	
PO BOX 7 CORAL SI	71536 PRINGS, FL 3	3077		
FEI Number	: 51-0564239	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	1 COURT E, FL 33063	US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( DELONGY, JU 9205 N.W. 83 TAMARAC, FL	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( TOLEDO, OLG PO BOX 77153 CORAL SPRIN	36	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( TOLEDO, EDV PO BOX 7715 CORAL SPRIN	36	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	MGRM ( DELONGY, RIO 9205 N.W. 83		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: EDWIN TOLEDO MGRM 01/17/2008