

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003474

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: COMPLETE MEDICAL SERVICES LLC

## Current Principal Place of Business:

9205 NW 83 ST.  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 771536  
CORAL SPRINGS, FL 33077

## New Mailing Address:

FEI Number: 51-0564239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOLEDO, EDWIN  
7842 NW 1 COURT  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

TOLEDO, EDWIN  
9205 NW 83 ST  
TAMARAC, FL 33321 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: EDWIN TOLEDO

01/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DELONGY, JULIE A  
Address: 9205 N.W. 83 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Delete  
Name: TOLEDO, OLGA A  
Address: PO BOX 771536  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: MGRM ( ) Delete  
Name: TOLEDO, EDWIN  
Address: PO BOX 771536  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: MGRM ( ) Delete  
Name: DELONGY, RICHARD R  
Address: 9205 N.W. 83 STREET  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES:

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

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

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 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: EDWIN TOLEDO

MGRM

01/19/2009

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