

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003474

FILED
Jun 14, 2012
Secretary of State

Entity Name: COMPLETE MEDICAL SERVICES LLC

Current Principal Place of Business:

7300 WEST MCNAB ROAD
SUITE 215
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:

DELONGY, JULIE A
9205 NW 83 ST
TAMARAC, FL 33321 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: MGRM
Name: DELONGY, JULIE A
Address: 9205 N.W. 83 STREET
City-St-Zip: TAMARAC, FL 33321

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

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

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

I hereby 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: JULIE DELONGY

MRS

06/14/2012

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