

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024655

Entity Name: MED PRO SERVICES, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

19309 AQUA SPRING DRIVE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

19239 N. DALE MABRY HWY  
SUITE 308  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 20-4567550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LAMB, CYNTHIA  
19309 AQUA SPRINGS DRIVE  
LUTZ, FL 33558      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:**

Title: MGRM      ( ) Delete  
Name: LAMB, CYNTHIA  
Address: 19309 AQUA SPRINGS DRIVE  
City-St-Zip: LUTZ, FL 33558

Title: MGRM      ( ) Delete  
Name: PUERTO, PATRICIA  
Address: 5274 NW 109 LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

**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 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: CYNTHIA LAMB

MGRM

05/01/2007

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