2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L06000065188

Entity Name: PROMPT CARE, PL

Current Principal Place of Business:

75 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

75 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-5112884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BESS, MICHAEL
75 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: BESS, MICHAEL V
Address: 75 BLACK HICKORY WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

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: MICHAEL BESS DR. 04/19/2007

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