2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083511

City-St-Zip: WELLINGTON, FL 33414 US

Entity Name: PRODIGY MEDICAL PROFESSIONALS LLC

FILED Apr 28, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|-------------------------------|---|--|
| 1621 RIPL WELLING | EY RUN TON, FL 33414 | US | | |
| Current Mailing Address: | | | New Mailing Address: | |
| PO BOX 5 GREENAG | 640156 CRES, FL 3345 | 4 US | | |
| FEI Number | : 20-5448620 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of Cu | ırrent Registered Agent: | Name and Address | of New Registered Agent: |
| 11485 SILI | MALDI, ANDRE K CARNATION ' ALM BEACH, FL | WAY, UNIT D | | |
| | e named entity si e of Florida. | ubmits this statement for the | purpose of changing its register | ed office or registered agent, or both |
| SIGNATU | RE: | | | |
| | Electroni | Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () I VANDIVER, YVE 222 SEA BREAZ JUPITER, FL 33 | E CIR. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | MGRM () I PINE-GRIMALDI 1621 RIPLEY RU | | Title: Name: Address: | () Change () Addition |

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: YVETTE VANDIVER MGR 04/28/2008