

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119314

FILED
Apr 20, 2007
Secretary of State

Entity Name: PREFERRED MEDICAL INVESTMENTS, LLC

Current Principal Place of Business:

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCNAMARA, LISA A
296 MONTEREY DRIVE
NAPLES,, FL 34119 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: MGR () Delete
Name: HOLTON COMPANY, LLC,
Address: 9140 CORSEA DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: BGA, LLC,
Address: 296 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34109

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 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: LISA MCNAMARA MGR 04/20/2007

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