2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000121365

1. Entity Name
PROVIDER CREDENTIALING SERVICES, L.L.C.

Principal Place of Business	Mailing Address
10706 115TH AVENUE NORTH LARGO, FL 33778	10706 115TH AVENUE NORTH LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

02182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
11-3801752	Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

---

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Kathleen Hollstrom_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 2/18/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

---

9.   MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	HOLLSTROM, KATHLEEN S
STREET ADDRESS	10706 115TH AVENUE NORTH
CITY-ST-ZIP	LARGO, FL 33778

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833740
02/28/08-80024-020 138.75

DO NOT WRITE IN THIS SPACE

---

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Kathleen Hollstrom_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 2/18/08   Daytime Phone # 727 510-5044