

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001880

Entity Name: PMM MEDICAL LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

9240 SUNSET DR
SUITE 241
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

PO BOX 561023
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 20-8174675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, MARILYN
12600 SW 78 AVE
MIAMI, FL 33156 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: PALMEROLA, RAFAEL MD
Address: 7875 SW 66 ST
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: MENDEZ-MULET, LUIS MD
Address: 12600 SW 78 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: MENDEZ, MARILYN
Address: 12600 SW 78 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARILYN MENDEZ

MGR

01/23/2008

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