

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

03-21-2008 90118 045 ***138.75

DOCUMENT # L07000026614 1. Entity Name PROFESSIONAL MEDICAL CONSULTANTS LLC					
Principal Place of Business 605 CLAYTON STREET ORLANDO, FL 32804			Mailing Address 605 CLAYTON STREET ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 35-2332515 Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent TAYLOR, THERESA C 605 CLAYTON STREET ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, THERESA C 605 CLAYTON STREET ORLANDO, FL 32804 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under the laws of the State of Florida. I am a member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 110.					
SIGNATURE:			Date 3/17/08 407325 7997		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					