

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027132

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRO-FEE MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

9965 MIRAMAR PARKWAY
SUITE 216
MIRAMAR, FL 33025

New Principal Place of Business:

3305 NW 202 TERRACE
MIAMI, FL 33056

Current Mailing Address:

9965 MIRAMAR PARKWAY
SUITE 216
MIRAMAR, FL 33025

New Mailing Address:

3305 NW 202 TERRACE
MIAMI, FL 33056

FEI Number: 20-8615527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNNY A. GASPARD, PLLC
15025 N.W. 77TH AVENUE
SUITE 116
MIAMI LAKES, FL 33014 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: MGRM () Delete
Name: RIVERS, SHARLENE C
Address: 3305 NW 202ND TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES:

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: SHARLENE RIVERS

MGRM

04/30/2009

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