2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L07000027132

Entity Name: PRO-FEE MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

3305 NW 202 TERRACE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3305 NW 202 TERRACE
MIAMI, FL 33056

New Mailing Address:

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:

BONTON, TRANEE
20021 NW 33RD AVENUE
MIAMI GARDENS, FL 33056 US

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: TRANEE BONTON 04/29/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RIVERS, SHARLENE C
Address: 3305 NW 202ND TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby 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 Statues.

SIGNATURE: SHARLENE RIVERS MGRM 04/29/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date