

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027132

FILED
Apr 28, 2011
Secretary of State

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:

3305 NW 202 TERRACE
MIAMI GARDENS, FL 33056

Current Mailing Address:

3305 NW 202 TERRACE
MIAMI, FL 33056

New Mailing Address:

3305 NW 202 TERRACE
MIAMI GARDENS, 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:

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

SIGNATURE: SHARLENE RIVERS

MS

04/28/2011

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