

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121971

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: YOUR PRIME SOURCE, LLC

**Current Principal Place of Business:**

1696 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1696 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILROT, MARK B  
1696 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442 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: MILROT, MARK B  
Address: 1696 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALL MEDICAL, LLC,  
Address: 1696 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: M ( ) Change (X) Addition  
Name: SOKEY, INC.,  
Address: 1696 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ALL MEDICAL

MGRM

02/22/2008

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