

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011767

FILED
Jan 05, 2011
Secretary of State

Entity Name: PRO-MED EQUIPMENT LEASING , L.L.C.

Current Principal Place of Business:

710 HOSPITAL DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

710 HOSPITAL DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 42-1755997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, MICHAEL
710 HOSPITAL DRIVE
CRESTVIEW, FL 32539 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: GILMORE, MICHAEL
Address: 710 HOSPITAL DRIVE
City-St-Zip: CRESTVIEW, FL 32539

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: MICHAEL GILMORE

MGRM

01/05/2011

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