

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048837

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** PROMEDICAL EAST LLC

**Current Principal Place of Business:**

6555 POWERLINE RD.  
SUITE 101  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6555 POWERLINE RD.  
SUITE 101  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 22-3822364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIMARCO, JOHN F  
6555 POWERLINE RD  
SUITE 101  
FORT LAUDERDALE, FL 33309 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:** MGR  
**Name:** DIMARCO, JOHN F  
**Address:** 6555 POWERLINE RD., SUITE 101  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** MGR  
**Name:** SHULMAN, STEPHEN  
**Address:** 6555 POWERLINE RD, SUITE 101  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

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: JOHN DIMARCO

CEO

03/02/2010

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