

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116098

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** PACE MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1804 S.W. 95TH TERRACE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

1804 S.W. 95TH TERRACE  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 80-0514394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIBERTH, KURT S  
C/O LAW OFFICE OF KURT S. HILBERTH, P.A.  
2021 TYLER STREET, SUITE 201  
HOLLYWOOD, FL 33020 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:** HELMCAMP, THOMAS  
**Address:** 1804 S.W. 95TH TERRACE  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** MGRM  
**Name:** HELMCAMP, JOSEPHINE  
**Address:** 1804 S.W. 95TH TERRACE  
**City-St-Zip:** MIRAMAR, FL 33025

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:** THOMAS J HELMCAMP

MANG

01/05/2011

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