

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 30, 2012
Secretary of State

Entity Name: PROFESSIONAL COS-MEDICS, LLC

Current Principal Place of Business:

5370 WHISPERING PINES CIRCLE
ST. CLOUD, FL 34771

New Principal Place of Business:

1331 N. MILLS AVE
ORLANDO, FL 32803

Current Mailing Address:

5370 WHISPERING PINES CIRCLE
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 27-1634948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, JOHN M III
5370 WHISPERING PINES CIRCLE
ST. CLOUD, FL 34771 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: LEE, JOHN M III
Address: 5370 WHISPERING PINES CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR
Name: LEE, DANISE L
Address: 5370 WHISPERING PINES CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

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 M LEE III

MGRM

04/30/2012

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