

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003249

**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