

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003939

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** PROACTIVE MEDICAL SERVICES LLC

**Current Principal Place of Business:**

1951 SW 172ND AVENUE  
SUITE 210  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1951 SW 172ND AVENUE  
SUITE 210  
MIRAMAR, FL 33029

**New Mailing Address:**

**FEI Number:** 27-1496124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARTINEZ, OLGA L  
1951 SW 172ND AVENUE  
SUITE 210  
MIRAMAR, FL 33029 US

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

MARTINEZ, OLGA L RN  
13721 NW 13 ST  
PEMBROKE PINES, FL 33028 US

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:** OLGA L. MARTINEZ

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MARTINEZ, OLGA  
**Address:** 1951 SW 172ND AVENUE, SUITE 210  
**City-St-Zip:** MIRAMAR, FL 33029

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:** OLGA L. MARTINEZ

MGR

04/16/2012

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