

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000080766

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** PACIFIC MEDICAL SYSTEMS, LLC

**Current Principal Place of Business:**

514 FRANK SHAW RD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

7314 RAMOTH DRIVE  
JACKSONVILLE, FL 32226 US

**Current Mailing Address:**

PO BOX 1693  
BOUNTIFUL, UT 84011

**New Mailing Address:**

**FEI Number:** 27-3158301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERRY, BRET M  
514 FRANK SHAW RD  
TALLAHASSEE, FL 32312 US

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

PIKE, ADAM  
7314 RAMOTH DRIVE  
JACKSONVILLE, FL 32226 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: ADAM PIKE

10/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PBZB MEDICAL, LLC  
Address: PO BOX 24988  
City-St-Zip: JACKSONVILLE, FL 32241

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: ADAM PIKE

MR

10/02/2012

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