


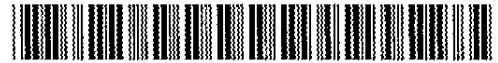
**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001080 1. Entity Name FEDERATED MEDICAL SERVICES, LLC	
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Principal Place of Business 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309	Mailing Address 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0047443	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENFIELD, ALAN ESQ 15105 NW 77 AVENUE, STE. 303 MIAMI LAKES, FL 33014

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

U00000105304
04/07/04-80021-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, RALPH 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, WILLIAM 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  /William Guthrie	954-938-3770
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>