
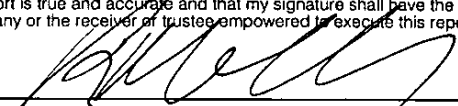


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90163 030 ****50.00

DOCUMENT # M03000001080					
1. Entity Name FEDERATED MEDICAL SERVICES, LLC					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0047443	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, ALAN ESQ 15105 NW 77 AVENUE, STE. 303 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, RALPH 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, WILLIAM 1501 NW 49 STREET, STE. 200, 2ND FL FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Ralph Rosenberg		3/28/2005 954-938-3770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

20025421



03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
32-0047443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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MGRM
GUTHRIE, WILLIAM
1501 NW 49 STREET, STE. 200, 2ND FL
FT. LAUDERDALE, FL 33309 ☒ Delete

TITLE
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SIGNATURE:

Ralph Rosenberg

3/28/2005

954-938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #