

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001080

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: FEDERATED MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1501 NW 49 STREET, STE. 200, 2ND FL  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1501 NW 49 STREET, STE. 200, 2ND FL  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

PO BOX 801706  
AVENTURA, FL 33280 US

FEI Number: 32-0047443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENFIELD, ALAN ESQ  
15105 NW 77 AVENUE, STE. 303  
MIAMI LAKES, FL 33014 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 ( ) Delete  
Name: ROSENBERG, RALPH  
Address: 1501 NW 49 STREET, STE. 200, 2ND FL  
City-St-Zip: FT. LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ESTATE OF RALPH ROSE, NBERG, DECEASE D  
Address: 2600 DOUGLAS ROAD, SUITE #908  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALAN E. GREENFIELD, PERSONAL REPRESENTATI

PR

04/27/2006

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