2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# M04000001672

Entity Name: PROMED HEALTHCARE MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

485 ALTAIR RD.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

485 ALTAIR RD.
VENICE, FL 34293

New Mailing Address:

FEI Number: 14-1852384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, IRWIN
485 ALTAIR RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

KATZ, IRWIN B
485 ALTAIR RD.
VENICE, FL 34293 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: IRWIN B. KATZ 01/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KATZ, IRWIN
Address: 485 ALTAIR RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KATZ, IRWIN B
Address: 485 ALTAIR RD.
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRWIN B. KATZ MGR 01/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date