2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 11, 2017
Secretary of State
CC6976185863

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Entity Name: PRO MED HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

603 6TH ST. NW
WINTER HAVEN, FL 33881

Current Mailing Address:

603 6TH ST. NW
WINTER HAVEN, FL 33881

FEI Number: 51-0513154

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRINKLEIN, STEVEN D
603 6TH ST NW
WINTER HAVEN, FL 33881 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER, AUTHORIZED MEMBER	Title	MANAGER, AUTHORIZED MEMBER
Name	TRINKLEIN, STEVE D	Name	RICHERT, BART
Address	603 6TH ST NW	Address	603 6TH ST. NW
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33881

Title	AUTHORIZED MEMBER
Name	RICHERT, DWIGHT
Address	603 6TH ST. NW
City-State-Zip:	WINTER HAVEN FL 33881

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BART RICHERT MANAGER 07/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date