2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2016
Secretary of State
CC5142336626

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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	MGR
Name	TRINKLEIN, STEVE D
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: STEVE TRINKLEIN PRES 02/16/2016

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