

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101700

FILED
Apr 08, 2011
Secretary of State

Entity Name: MOBILE MEDIC RECERTIFICATIONS P.L.

Current Principal Place of Business:

489 CORAL WAY
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

489 CORAL WAY
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-3637455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: PRES
Name: FLYNT, JOHN E
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: JOHN E. FLYNT

MR.

04/08/2011

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