

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000058822

FILED
Mar 31, 2011
Secretary of State

Entity Name: COMPREHENSIVE BLOOD MANAGEMENT LLC

Current Principal Place of Business:

109 SOUTHEAST 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

1341 GULFPORT RUN
GRAYSON, GA 30017

Current Mailing Address:

109 SOUTHEAST 1ST AVENUE
OCALA, FL 34471

New Mailing Address:

1341 GULFPORT RUN
GRAYSON, GA 30017

FEI Number: 27-2763221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: CHILDRESS, RAYMOND B
Address: 1341 GULFPORT RUN
City-St-Zip: GRAYSON, GA 30017

Title: CEO
Name: CHILDRESS, RAYMOND B
Address: 1341 GULFPORT RUN
City-St-Zip: GRAYSON, GA 30017

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: RAYMOND B. CHILDRESS

CEO

03/31/2011

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