


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000000810

1. Entity Name
MEDICAL MUTUAL SERVICES, LLC



Principal Place of Business 24650 CTR RIDGE RD, STE 400 KING JA MES BLDG. 2 WESTLAKE, OH 44145 US	Mailing Address 24650 CTR RIDGE RD, STE 400 KING JA MES BLDG. 2 WESTLAKE, OH 44145 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 34-1922587	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARTZELL, EDWARD J 24650 CENTER RIDGE ROAD, SUITE 400 KING JA WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLAPP, KENT W 2060 E 9TH ST CLEVELAND, OH 44145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DORRELL, JOHN S 2060 E. 9TH STREET CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TYLER, SUSAN M 2060 E 9TH STREET CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/04/08-80002-005 143.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* Date: 1/17/08 Daytime Phone #: 440-444-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE