

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000810

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL MUTUAL SERVICES, LLC

**Current Principal Place of Business:**

17800 ROYALTON RD.  
STRONGSVILLE, OH 44136 US

**New Principal Place of Business:**

17800 ROYALTON RD.  
3RD FLOOR  
STRONGSVILLE, OH 44136 US

**Current Mailing Address:**

2060 EAST NINTH ST.  
CLEVELAND, OH 44115 US

**New Mailing Address:**

**FEI Number:** 34-1922587      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: CHIRICOSTA, RICK A  
Address: 2060 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR  
Name: DUGAN, PATRICK J  
Address: 2060 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR  
Name: JANCZY, DENNIS P  
Address: 2060 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR  
Name: TYLER, SUSAN M  
Address: 2060 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44115 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: RICK CHIRICOSTA

MGR

04/12/2012

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