

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002445

FILED
Mar 05, 2012
Secretary of State

Entity Name: INFORMED MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

1596 WHITEHALL RD
ANNAPOLIS, MD 21409

New Principal Place of Business:

Current Mailing Address:

1596 WHITEHALL RD
ANNAPOLIS, MD 21409

New Mailing Address:

FEI Number: 26-3993963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO
Name: DAVIS, MITCHELL V
Address: 1596 WHITEHALL RD
City-St-Zip: ANNAPOLIS, MD 21409

Title: CFO
Name: HARRINGTON, DOUGLAS N
Address: 1596 WHITEHALL RD
City-St-Zip: ANNAPOLIS, MD 21409

Title: MGR
Name: BROWNE, MARK
Address: 1596 WHITEHALL RD
City-St-Zip: ANNAPOLIS, MD 21409

Title: MGR
Name: GOVATOS, G. P
Address: 1596 WHITEHALL ROAD
City-St-Zip: ANNAPOLIS, MD 21409

Title: MGR
Name: NICKERSON, DAN
Address: 1596 WHITEHALL ROAD
City-St-Zip: ANNAPOLIS, MD 21409

Title: MGR
Name: SPRING, HARRY D
Address: 1596 WHITEHALL ROAD
City-St-Zip: ANNAPOLIS, MD 21409

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: DOUGLAS N HARRINGTON

CFO

03/05/2012

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