

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002445

**FILED**  
**Mar 30, 2010**  
**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

03/30/2010

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