

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030705

**Entity Name:** INTEGRATED MEDICAL EVALUATIONS LLC

**Current Principal Place of Business:**

2406 COLONIAL AVE.  
LAKELAND, FL 33801

**Current Mailing Address:**

902 NORTHHSHORE COURT  
HIGH POINT, NC 27265

**FEI Number:** 20-8692991

**Certificate of Status Desired:** No

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

CHODAZECK, THELMA J  
2406 COLONIAL AVE.  
LAKELAND, FL 33801 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name REITER, TODD M  
Address 300 GATEWOOD AVENUE  
City-State-Zip: HIGH POINT NC 27262

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD M. REITER

**MANAGER**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date