

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000102748

Entity Name: INTEGRATED MEDICAL RESOURCES LLC

Current Principal Place of Business:

401 NW 1ST AVENUE
OCALA, FL 34475

Current Mailing Address:

401 NW 1ST AVENUE
OCALA, FL 34475 US

FEI Number: 46-0765530

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANHORN, JAMES N
401 NW 1ST AVENUE
OCALA, FL 34475 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: JAMES N VANHORN

04/21/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VANHORN, JAMES
Address 401 NW 1ST AVENUE
City-State-Zip: Ocala FL 34475

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: JAMES N VAN HORN

MANAGER

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date