

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0000000810

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

**Current Principal Place of Business:**

15885 W. SPRAGUE RD.  
STRONGSVILLE, OH 44136

**Current Mailing Address:**

2060 EAST NINTH ST.  
CLEVELAND, OH 44115 US

**FEI Number:** 34-1922587

**Certificate of Status Desired:** No

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

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

Title MGR  
Name DECENSI, PATRICIA B  
Address 2060 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44115

Title MANAGER  
Name MUELLER, RAYMOND K  
Address 2060 EAST NINTH ST.  
City-State-Zip: CLEVELAND OH 44115

Title MANAGER  
Name LARKINS, STEFFANY M  
Address 2060 EAST NINTH ST.  
City-State-Zip: CLEVELAND OH 44115

*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:** RICK CHIRICOSTA

MANAGER

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date