

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002445

Entity Name: INFORMED MEDICAL MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**1596 WHITEHALL RD
ANNAPOLIS, MD 21409**Current Mailing Address:**1596 WHITEHALL RD
ANNAPOLIS, MD 21409**FEI Number:** 26-3993963**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:** KIMBERLY BAGGETT

01/17/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

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

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS HARRINGTON

CFO

01/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date