

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004875

**Entity Name:** CHEROKEE MEDICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

777 W. CHEROKEE ST., ATTN: SHELLY GRAHAM  
CORPORATE BLDG. 2  
CATOOSA, OK 74015

**Current Mailing Address:**

777 W. CHEROKEE ST., ATTN: SHELLY GRAHAM  
CORPORATE BLDG. 2  
CATOOSA, OK 74015

**FEI Number:** 73-1573494

**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 ROBERTS, TIM  
Address 777 W. CHEROKEE ST., ATTN: SHELLY  
GRAHAM  
CORPORATE BLDG. 2  
City-State-Zip: CATOOSA OK 74015

*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:** TIM ROBERTS BY AUTHORIZED REPRESENTATIVE CORP GOV ADMIN

**04/28/2016**

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

\_\_\_\_\_  
Date