

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028088

Entity Name: MED MONITORING, LC

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10918 CREEK VIEW DR  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

831 GOOSE GAP ROAD  
SEVIERVILLE, TN 37876

**Current Mailing Address:**

10918 CREEKVIEW DRIVE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

831 GOOSE GAP ROAD  
SEVIERVILLE, TN 37876

FEI Number: 16-1634627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAVOY, ALVIN L  
10918 CREEK VIEW DR  
JACKSONVILLE, FL 32225 US

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

SAVOY, ALVIN L  
237 CROWN OAKS WAY  
LONGWOOD, FL 32779 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: ALVIN L. SAVOY

02/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: SAVOY, ALVIN L  
Address: 237 CROWN OAKS WAY  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this 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.

SIGNATURE: ALVIN L. SAVOY

PRES

02/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date