

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000047764

Entity Name: GEO-MED, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

220 E. CENTRAL PARKWAY  
SUITE 2030  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

478 E. ALTAMONTE DRIVE  
SUITE 108 PMB 235  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 38-3706824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSENTHAL, ASHLEY  
4798 NEW BROAD STREET SUITE 310  
ORLANDO, FL 32814 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: CORZINE, CHRISTOPHER  
Address: 220 E. CENTRAL PARKWAY SUITE 2030  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MR.  
Name: LOCKE, MICHAEL  
Address: 220 E. CENTRAL PARKWAY SUITE 2030  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: CHRISTOPHER S. CORZINE

MR.

04/24/2012

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