

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000053149

**Entity Name:** EMR SERVICES, LLC

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6330 NIKKI LN  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

13176 N DALE MABRY HWY, #144  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 25-1917713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARIS, MARK J  
6330 NIKKI LN  
TAMPA, FL 33625 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: MGRM  
Name: TARIS, MARK J  
Address: 6330 NIKKI LN  
City-St-Zip: TAMPA, FL 33625

Title: MGRM  
Name: TARIS, SUSAN M  
Address: 6330 NIKKI LN  
City-St-Zip: TAMPA, FL 33625

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: MARK J TARIS

MGR

02/17/2012

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