

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114724

Entity Name: REMEDY MEDICAL LLC

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2814 20 MILE LEVEL ROAD  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

2808 20 MILE LEVEL ROAD  
LAND O LAKES, FL 34639

**Current Mailing Address:**

2808 20 MILE LEVEL ROAD  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 20-3930972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROUT, SUZANNE C  
2808 20 MILE LEVEL ROAD  
LAND O LAKES, FL 34639 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: TROUT, SUZANNE C  
Address: 2808 20 MILE LEVEL ROAD  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR  
Name: ADAMO, LINDA J  
Address: 2814 20 MILE LEVEL ROAD  
City-St-Zip: LAND O LAKES, FL 34639

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: SUZANNE TROUT

MGRM

03/22/2010

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