

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034089

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CORE MEDICAL, LLC

**Current Principal Place of Business:**

5959 CENTRAL AVE  
SUITE 100  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

6822 -- 22ND AVE NORTH  
PMB 430  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

**FEI Number:** 20-4607089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICH, OWENS  
5959 CENTRAL AVE  
STE 100  
ST. PETERSBURG, FL 33710 US

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

SPRAGUE, AARON  
5959 CENTRAL AVE  
STE 100  
ST. PETERSBURG, FL 33710 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: AARON SPRAGUE

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SPRAGUE, AARON  
Address: 5959 CENTRAL AVE, STE 100  
City-St-Zip: ST. PETERSBURG, FL 33710 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: GAYLA SCRIVENER

MGR

04/26/2011

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