

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034704

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** FIRST SOURCE MEDICAL RESOURCES, LLC

**Current Principal Place of Business:**

7522 WILES RD.  
STE 210  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

7522 WILES RD.  
STE 210  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 20-4630379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEARSON, JUSTIN  
5531 N. UNIVERSITY DR.  
SUITE 101  
CORAL SPRINGS, FL 33067 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:** MGR  
**Name:** COTTON, BARBARA J PRES  
**Address:** 4983 NW 104 WAY  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** MGR  
**Name:** COTTON, RICHARD B VP  
**Address:** 4983 NW 104 WAY  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** RICHARD COTTON

VP

03/01/2012

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