

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096549

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MOBILE INDUSTRIAL MEDICINE, LLC

**Current Principal Place of Business:**

1350 E MAIN STREET, SUITE C1  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

2399 NOLAN DRIVE  
B  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

COPODONNA, VIRGINIA  
2399 NOLAN DRIVE  
B  
LARGO, FL 33770 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: HAZZARD, ELISE F  
Address: 2399 NOLAN DRIVE SUITE B  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: HAZZARD, JEFFREY P  
Address: 2399 NOLAN DRIVE SUITE B  
City-St-Zip: LARGO, FL 33770

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: ELISE F HAZZARD

MS

04/25/2011

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