

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121063

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** MEDICAL LICENSE DIRECT LLC

**Current Principal Place of Business:**

11242 SOUTH LAKEVIEW DRIVE  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

11242 SOUTH LAKEVIEW DRIVE  
MILTON, FL 32583

**New Mailing Address:**

FEI Number: 20-8083970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, KAT  
11242 SOUTH LAKEVIEW DRIVE  
MILTON, FL 32583 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: MILLER, KAT  
Address: 11242 SOUTH LAKEVIEW DRIVE  
City-St-Zip: MILTON, FL 32583

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: KAT MILLER

MGRM

03/20/2012

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