

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000021054

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL REWARDS NETWORK LLC

**Current Principal Place of Business:**

155 SABAL PALM DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

155 SABAL PALM DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 30-0405023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWER, LISA A  
155 SABAL PALM DRIVE  
LONGWOOD, FL 32779 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: COFFEY, HOLLY S  
Address: 2213 SMOKETREE COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR  
Name: BROWER, LISA A  
Address: 5068 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

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: LISA A BROWER

MGR

03/19/2012

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