

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081252

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: TRUE MD, L.L.C.

## Current Principal Place of Business:

3242 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813

## New Principal Place of Business:

3627 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

## Current Mailing Address:

3242 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813

## New Mailing Address:

2140 EAST EDGEWOOD DR  
LAKELAND, FL 33803

FEI Number: 83-0489783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, JOSEPH A  
3500 SOUTH FLORIDA AVENUE, SUITE 3  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

RAY, DOROTHY J  
2140 EAST EDGEWOOD DR  
LAKELAND, FL 33803 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: DOROTHY J RAY

03/10/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PARKER, DANE V  
Address: 3242 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: RAY, DOROTHY J  
Address: 6230 ASHLEY DR.  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: DEAN, BYRON R  
Address: 2190 MORGAN WEILAND LN APT 304  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: ROGERS, JOHN ZACK  
Address: 4431 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

Title: MGRM ( ) Delete  
Name: PARKER, ADAM C  
Address: 2675 HIGHBRIDGE DR.  
City-St-Zip: LAKELAND, FL 33812

Title: MGRM (X) Delete  
Name: BANSON, JEFF  
Address: 3242 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DOROTHY J RAY MD

MGRM

03/10/2008

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