

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081252

FILED
Mar 22, 2009
Secretary of State

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

Current Principal Place of Business:

3627 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2140 EAST EDGEWOOD DR
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 83-0489783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, DOROTHY J
2140 EAST EDGEWOOD DR
LAKELAND, FL 33803 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 () 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

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:

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 RAY

MGRM

03/22/2009

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