

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081252

**FILED**  
**Feb 11, 2010**  
**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  
**Name:** PARKER, DANE V  
**Address:** 3242 SOUTH FLORIDA AVENUE  
**City-St-Zip:** LAKELAND, FL 33813

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

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

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

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

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:** DOROTHY J RAY

MGRM

02/11/2010

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