

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085600

FILED
Apr 27, 2009
Secretary of State

Entity Name: MEDICAL RESOURCE CENTER FOR ASSET PROTECTION, LLC

Current Principal Place of Business:

1015 ATLANTIC BLVD.
232
JACKSONVILLE, FL 32233

New Principal Place of Business:

Current Mailing Address:

1015 ATLANTIC BLVD.
232
JACKSONVILLE, FL 32233

New Mailing Address:

2230 N. UNIVERSITY PARKWAY
SUITE 7E
PROVO, UT 84604

FEI Number: 26-2544368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGELSON, G KENT
96373 CESSNA DRIVE
YULEE, FL 32097 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 () Delete
Name: DRAZIEN, RICHARD S
Address: 1939 SEAGULL COVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM () Delete
Name: TAYLOR, CAMERON C
Address: 1625 NORTH 1450 EAST
City-St-Zip: PROVO, UT 84604

Title: MGRM () Delete
Name: MANGELSON, G KENT
Address: 96373 CESSNA DRIVE
City-St-Zip: YULEE, FL 32097

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:

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: CAMERON C TAYLOR

MGRM

04/27/2009

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