

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086737

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MEDI TPA, LLC

**Current Principal Place of Business:**

1238 MANN DRIVE  
MATTHEWS, NC 28105 US

**New Principal Place of Business:**

**Current Mailing Address:**

1238 MANN DRIVE  
MATTHEWS, NC 28105 US

**New Mailing Address:**

**FEI Number:** 26-0765926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCLURE, WILLIAM  
6896 A AVENUE  
SAINT AUGUSTINE, FL 32080 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:** BULLOCK, KRISTIN  
**Address:** 8508 NETHERFIELD CT  
**City-St-Zip:** CHARLOTTE, NC 28277 US

**Title:** MGRM  
**Name:** MCCLURE, WILLIAM A  
**Address:** 6896 A AVENUE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 US

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:** WILLIAM MCCLURE

MGRM

04/20/2011

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