

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086737

**FILED**  
**Apr 12, 2012**  
**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:**

1234 MANN DRIVE  
MATTHEWS, NC 28105 US

**Current Mailing Address:**

1238 MANN DRIVE  
MATTHEWS, NC 28105 US

**New Mailing Address:**

1234 MANN DRIVE  
MATTHEWS, NC 28105 US

**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:**

MCCLURE, WILLIAM  
353 BRANTLEY HARBOR DR  
SAINT AUGUSTINE, FL 32086 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: WILLIAM MCCLURE

04/12/2012

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

04/12/2012

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