

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101591

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** ROADSIDE MEDICAL WEST MEMPHIS 1, LLC

**Current Principal Place of Business:**

800 MARTIN LUTHER KING DRIVE  
WEST MEMPHIS, AR 72301 US

**New Principal Place of Business:**

**Current Mailing Address:**

4411 CLEVELAND AVENUE  
FT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 80-0149223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMEONE, RICHARD J  
4411 CLEVELAND AVENUE  
FT MYERS, FL 33901 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  
**Name:** LAGESCHULTE, DAVID L  
**Address:** 4411 CLEVELAND AVENUE  
**City-St-Zip:** FT MYERS, FL 33901 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: DAVID LAGESCHULTE

MGRM

04/07/2011

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