

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102716

FILED
Feb 16, 2011
Secretary of State

Entity Name: WHEEL MEDIC LLC

Current Principal Place of Business:

1733 KEUKA DR
APT #103
TRINITY, FL 34655 US

New Principal Place of Business:

50 5TH STREET
SHALIMAR, FL 32579 US

Current Mailing Address:

1733 KEUKA DR
APT #103
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLENDIA, WOIDA
35 TUPELO AVE SE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

KALEN, COWEN
50 5TH STR
SHALIMAR, FL 32579 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: KALEN COWEN

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COWEN, KALEN
Address: 1733 KEUKA DR, APT #103
City-St-Zip: TRINITY, FL 34655 US

Title: PRES
Name: DOUGLASS, AMANDA
Address: 1733 KEUKA DR APT 103
City-St-Zip: TRINITY, FL 34655

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: KALEN COWEN

MGRM

02/16/2011

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