

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102716

Entity Name: WHEEL MEDIC LLC

FILED
Apr 25, 2012
Secretary of State

Current Principal Place of Business:

50 5TH STREET
SHALIMAR, FL 32579 US

New Principal Place of Business:

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:

KALEN, COWEN
50 5TH STR
SHALIMAR, FL 32579 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: PRES
Name: COWEN, KALEN
Address: 50 5TH STREET
City-St-Zip: SHALIMAR, FL 32579 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: KALEN COWEN

PRES

04/25/2012

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