

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115558

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ER MOBILE CLINIC SOLUTIONS L.L.C.

**Current Principal Place of Business:**

2132 CENTRAL FLORIDA PARKWAY  
SUITE C-4  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

2132 CENTRAL FLORIDA PARKWAY  
SUITE C-4  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 26-1415651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA DE QUEVEDO, FRANCISCO  
8316 HANLEY RD  
STE 5  
TAMPA, FL 33634 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: GARCIA DE QUEVEDO, FRANCESKA  
Address: 2132 CENTRAL FLORIDA PARKWAY C-4  
City-St-Zip: ORLANDO, FL 32837

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: FRANCESKA GARCIA DE QUEVEDO

MGRM

04/18/2011

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