2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127200

Entity Name: TAMORI LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

830 SELIN CIRCLE PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

830 SELIN CIRCLE PORT ORANGE, FL 32127

FEI Number: 26-1625378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PHYSICIANS RESOURCE LLC

725 W. GRANADA BLVD

725 W. GRANADA BLVD

725 W. GRANADA BLVD

SUITE 18

SUITE 18

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 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: TRUDI VOGEL 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 VOGEL, TRUDI

 Address:
 830 SELIN CIRCLE

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: VOGEL, BRADFORD
Address: 830 SELIN CIRCLE

Address: 830 SELIN CIRCLE City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition Name: VOGEL, TRUDI E MGRM

Address: 830 SELIN CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: VOGEL, BRADFORD W MGRM
Address: 830 SELIN CIRCLE

Address: 830 SELIN CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRUDI VOGEL MGRM 04/30/2009