

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000033421

**Entity Name:** EMR NEW PORT, LLC

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7041 U.S. HIGHWAY 19 NORTH  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

151 BARBADOS AVE.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 26-2311726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORGENSEN, SCOTT  
151 BARBADOS AVE  
TAMPA, FL 33606 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: MMBR  
Name: JORGENSEN, SCOTT MGR  
Address: 151 BARBADOS AVE.  
City-St-Zip: TAMPA, FL 33606 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: SCOTT JORGENSEN

MMBR

08/11/2011

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