

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081970

Entity Name: SIR-REEL HEALTH, LLC

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

97439 BLACKBEARDS WAY  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

97439 BLACKBEARDS WAY  
YULEE, FL 32097

**New Mailing Address:**

FEI Number: 26-3258157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHISM, LORIE L  
1890 SOUTH 14TH STREET  
SUITE 206  
FERNANDINA BEACH, FL 32034 US

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

VIRGIL, STUMBO C  
97439 BLACKBEARDS WAY  
YULEE, FL 32097 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: VIRGIL C. STUMBO

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STUMBO, VIRGIL C  
Address: 97439 BLACKBEARDS WAY  
City-St-Zip: YULEE, FL 32097

Title: MGRM  
Name: CLARE, MARSHA J  
Address: 97439 BLACKBEARDS WAY  
City-St-Zip: YULEE, FL 32097

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: VIRGIL C. STUMBO

MGRM

04/23/2010

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