

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087258

FILED
Mar 16, 2011
Secretary of State

Entity Name: TRANSMISSION PHYSICIAN LLC

Current Principal Place of Business:

30940 SUNEAGLE DR.
STE 102
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

30940 SUNEAGLE DR.
STE 102
MT DORA, FL 32757

New Mailing Address:

FEI Number: 11-3754495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, CHAD
30940 SUNEAGLE RD., STE. 102
MT DORA, FL 32757 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: MGR
Name: LOGAN, CHAD
Address: 3407 OAK BROOK LANE
City-St-Zip: EUSTIS, FL 32736

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: CHAD LOGAN

PRES

03/16/2011

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