

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087258

**FILED**  
**Feb 15, 2012**  
**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

OWNE

02/15/2012

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