2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# L08000110258

Entity Name: SECURE MEDICAL DATA, LLC

Current Principal Place of Business:

19800 SANDPOINTE BAY BLVD, UNIT 310S
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

8639-B 16TH STREET, STE. H
SILVER SPRING, MD 20910 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGARRY, JAMES
19800 SANDPOINTE BAY BLVD, UNIT 310S
TEQUESTA, FL 33469 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:	MGRM	( ) Delete
Name:	MCGARRY, JAMES	
Address:	8639-B 16TH STREET, STE. H	
City-St-Zip:	SILVER SPRING, MD 20910 US	
Title:	MGRM	(X) Delete
Name:	TUGADE-BAUTISTA, ROSALYN	
Address:	LPL TOWERS GROUND FLR, LEGASPI ST,	
City-St-Zip:	LEGASPI VILLAGE, MAKATI, OC 1229 PHIL OC	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JAMES MCGARRY MGRM 03/01/2009

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