

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014292

Entity Name: ESSENTIAL MEDICINE LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

16614 NORTH DALE MABRY  
TAMPA, FL 33618 US

**Current Mailing Address:**

3213 37TH TER E  
BRADENTON, FL 34208

**New Mailing Address:**

16614 NORTH DALE MABRY  
TAMPA, FL 33618 US

FEI Number: 26-4242235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOSEWORTHY, STEVEN A  
3213 37TH TER E  
BRADENTON, FL 34208 US

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

NOSEWORTHY, STEVEN A  
16614 NORTH DALE MABRY  
TAMPA, FL 33618 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:

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOSEWORTHY, STEVEN  
Address: 16614 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM  
Name: NOSEWORTHY, CATHY  
Address: 16614 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618 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: STEVEN A NOSEWORTHY

MGRM

02/07/2012

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