

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014391

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** EXPRESS MEDICAL DELIVERY L.L.C.

**Current Principal Place of Business:**

9749 50TH STREET CIRCLE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

9749 50TH STREET CIRCLE EAST  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 27-1571572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS, NANCY M  
9749 50TH STREET CIRCLE EAST  
PARRISH, FL 34219 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  
**Name:** ROSS, NANCY M  
**Address:** 9749 50TH STREET CIRCLE EAST  
**City-St-Zip:** PARRISH, FL 34219

**Title:** MGRM  
**Name:** ROSS, KENNETH F  
**Address:** 9749 50TH STREET CIRCLE EAST  
**City-St-Zip:** PARRISH, FL 34219

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:** KENNETH F. ROSS

MGRM

03/19/2011

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