

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036238

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** YOUR MEDICAL RESOURCE, LLC

**Current Principal Place of Business:**

100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176

**New Mailing Address:**

P.O. BOX 801506  
MIAMI, FL 33280

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HOPSON, KAREN  
100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176 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: SYNERGY MARKETING VENTURES, LLC  
Address: 10211 LONE STAR PLACE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: HOPSON, KAREN  
Address: 100 EAST GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

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: KAREN HOPSON

MGRM

03/05/2010

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