

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046969

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** ELECTRONIC HEALTH RESOURCES, LLC

**Current Principal Place of Business:**

21 WATERLINE DR.  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14283  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 27-0178337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAWS, SONYA K  
2878 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 US

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

DAWS, SONYA K  
3116 CAPITAL CIRCLE N.E.  
SUITE 5  
TALLAHASSEE, FL 32308 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: SONYA K. DAWS

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COOPER, JORDAN C  
Address: PO BOX 14283  
City-St-Zip: TALLAHASSEE, FL 32317

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: JORDAN C. COOPER

MGR

04/26/2010

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