2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

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Entity Name: BEELINE MEDICAL TRAINING, LLC

Current Principal Place of Business:

233 NE 58TH AVE
SUITE 102
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1530 SE 47TH AVE.
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 27-0203604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YANCEY, PATRICIA F
1530 S.E. 47TH AVENUE
OCALA, FL 34471 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: YANCEY, PATRICIA F
Address: 1530 SE 47TH AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGRM
Name: YANCEY, ROBERT C
Address: 1530 SE 47TH AVE
City-St-Zip: OCALA, FL 34471 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 Statues.

SIGNATURE: PATRICIA F. YANCEY, MRS. 04/11/2012

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