

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052022

FILED
Apr 09, 2010
Secretary of State

Entity Name: ASSOCIATED MEDICAL REPRESENTATIVES LLC

Current Principal Place of Business:

1730 EAST HWY. 50
SUITE 48
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1730 EAST HWY. 50
SUITE 48
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 27-0298229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, KENNETH J
1730 EAST HWY. 50
SUITE 48
CLERMONT, FL 34711 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: FREEMAN, KENNETH J
Address: 1730 EAST HWY. 50 SUITE 48
City-St-Zip: CLERMONT, FL 34711 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: KENNETH J FREEMAN

MGRM

04/09/2010

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