# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 28, 2011**
**Secretary of State**

DOCUMENT# L09000052022

**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 Statues.

SIGNATURE: KEN FREEMAN PRES 02/28/2011

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