

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052022

**FILED**  
**Jan 04, 2012**  
**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 FREEMAN

PRES

01/04/2012

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