

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058995

**FILED  
May 12, 2010  
Secretary of State**

**Entity Name:** J. VOLMERT OCCUPATIONAL MEDICINE, LLC

**Current Principal Place of Business:**

8800 SAND PINE DR  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

8800 SAND PINE DR  
NAVARRE, FL 32566 US

**New Mailing Address:**

FEI Number: 27-0439273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VOLMERT, JODI L  
8800 SAND PINE DR  
NAVARRE, FL 32566 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: VOLMERT, JODI L  
Address: 8800 SAND PINE DR  
City-St-Zip: NAVARRE, FL 32566 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: JODI L VOLMERT

MGRM

05/12/2010

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