

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087548

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** INTEGRATED MEDICAL NETWORK, LLC

**Current Principal Place of Business:**

8405 BALM STREET  
WEEKI WACHEE, FL 34607

**New Principal Place of Business:**

7394 ST ANDREWS BLVD  
WEEKI WACHEE, FL 34613

**Current Mailing Address:**

8405 BALM STREET  
WEEKI WACHEE, FL 34607

**New Mailing Address:**

7394 ST ANDREWS BLVD  
WEEKI WACHEE, FL 34613

**FEI Number:** 27-1018595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCCI, JESSICA  
8403 BALM ST  
SPRING HILL, FL 34607 US

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

TUCCI, JESSICA  
7394 ST ANDREWS BLVD  
WEEKI WACHEE, FL 34613 US

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: JESSICA TUCCI

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ARRINGTON, LISA  
Address: 2239 FAIRVIEW ROAD  
City-St-Zip: SPRING HILL, FL 34609

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: LISA ARRINGTON

MGR

04/29/2011

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