

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091427

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** TOTAL MEDICAL RESOURCE, LLC

**Current Principal Place of Business:**

3504 CRAGMONT DRIVE STE 100  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

3504 CRAGMONT DRIVE STE 100  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET 4TH FLOOR  
MIAMI, FL 33145 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: MGR  
Name: GARCIA, MARIO JR  
Address: 3504 CRAGMONT DRIVE STE 100  
City-St-Zip: TAMPA, FL 33619

Title: S  
Name: GARCIA, MARIO JR  
Address: 3504 CRAGMONT DRIVE STE 100  
City-St-Zip: TAMPA, FL 33619

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: MARIO GARCIA JR.

MGR

01/10/2010

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