

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104235

FILED
Mar 29, 2012
Secretary of State

Entity Name: MEDPROVIDERS NETWORK, LLC

Current Principal Place of Business:

19323 AQUA SPRINGS DRIVE
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

19323 AQUA SPRINGS DRIVE
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 27-2507498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMIN, NAMRATA A
19323 AQUA SPRINGS DRIVE
LUTZ, FL 33558 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: AMIN, NAMRATA A
Address: 19323 AQUA SPRINGS DRIVE
City-St-Zip: LUTZ, FL 33558 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: NAMRATA AMIN

MS

03/29/2012

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