

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107771

Entity Name: BOLD MEDICAL, LLC

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

645 PARK STREET  
UNIT 1110  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

4669 ROOSEVELT BOULEVARD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 380041  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 27-1965985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE JIMERSON LAW GROUP, P.A.  
2124 PARK STREET  
JACKSONVILLE, FL 32204 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: HOWELL, PHILIP M  
Address: 1362 TALBOT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM  
Name: EYRICK, COURTLAND C  
Address: 4351 MCGIRTS BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM  
Name: ANDERSON, MARK W  
Address: 3603 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

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: COURTLAND C. EYRICK

MGRM

03/21/2011

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