

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112426

Entity Name: YOUR EMR CHOICE, LLC

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

25560 SPRINGTIDE COURT  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

24600 S TAMIAMI TRAIL, #212  
PMB 335  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 27-1363032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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: QUEEN, W. ALLEN  
Address: 25560 SPRINGTIDE COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR  
Name: SHAH, SAURIN  
Address: 13731 METROPOLIS AVE  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR  
Name: MARGOLIN, CHAIM J  
Address: 13731 METROPOLIS AVE  
City-St-Zip: FORT MYERS, FL 33912

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: SAURIN SHAH

MGR

04/08/2012

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