

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119979

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** COMPUTER RECOVERY ROOM ASSOCIATES, LLC

**Current Principal Place of Business:**

11645 MALVERNS LOOP  
ORLANDO, FL 32832 US

**New Principal Place of Business:**

11455 S ORANGE BLOSSOM TRAIL  
SUITE 13  
ORLANDO, FL 32837 US

**Current Mailing Address:**

11645 MALVERNS LOOP  
ORLANDO, FL 32832 US

**New Mailing Address:**

11455 S ORANGE BLOSSOM TRAIL  
SUITE 13  
ORLANDO, FL 32837 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MEDINA, RICHARD  
11645 MALVERNS LOOP  
ORLANDO, FL 32832 US

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

MEDINA, RICHARD  
11455 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 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: \_\_\_\_\_ 03/08/2011  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDINA, RICHARD  
Address: 11455 S ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837 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: RICHARD MEDINA                      MGRM                      03/08/2011  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date