

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119979

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

MEDINA, RICHARD  
11455 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 US

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

MEDINA, RICHARD  
11455 S ORANGE BLOSSOM TRAIL  
SUITE 13  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/07/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDINA, RICHARD  
Address: 11455 S ORANGE BLOSSOM TRAIL SUITE 13  
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

03/07/2012

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