2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L10000004045

Entity Name: COMPLETE MEDICAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

703 W. SWANN AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

703 W. SWANN AVENUE
TAMPA, FL 33606

New Mailing Address:

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

Name and Address of Current Registered Agent:

MIRANDA, FRANK C ESQ.
703 W. SWANN AVENUE
TAMPA, FL 33606 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: ORR, STANLEY
Address: 703 W. SWANN AVENUE
City-St-Zip: TAMPA, FL 33606 FL

Title: MGRM
Name: WHEELER, JON
Address: 703 W. SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

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 Statues.

SIGNATURE: STANLEY ORR MGR 02/16/2011

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