

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000004045

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**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 Statutes.

SIGNATURE: STANLEY ORR

MGR

04/23/2012

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