

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038539

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** MCCARTHY MEDICAL LLC

**Current Principal Place of Business:**

2016 BAYOU DR.  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2016 BAYOU DR.  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 27-2556823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** MGRM  
**Name:** MCCARTHY, SCOTT  
**Address:** PO BOX 5087  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGRM  
**Name:** MCCARTHY, AMANDA  
**Address:** 2016 BAYOU DR  
**City-St-Zip:** NAVARRE, FL 32566

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:** AMANDA MCCARTHY

MGRM

05/02/2011

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