

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049679

Entity Name: CTM HEALTHCARE, LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5503 E. BUSCH BLVD.  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5503 E. BUSCH BLVD.  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

FEI Number: 27-2532431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAYNE, THOMAS J  
5503 EAST BUSCH BLVD  
TAMPA, FL 33617 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: INTERSTRIDE CORPORATION  
Address: 5503 E. BUSCH BLVD.  
City-St-Zip: TEMPLE TERRACE, FL 33617 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: DENNIS DRUMMOND

MGR

03/14/2012

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