

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063545

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL RESOURCE GROUP OF AMERICA, LLC

**Current Principal Place of Business:**

3605 SILVERY LANE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

3605 SILVERY LANE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 27-2883016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRINGER, HARVEY E JR.  
3605 SILVERY LANE  
JACKSONVILLE, FL 32217 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: STRINGER, CAMALA  
Address: 3605 SILVERY LANE  
City-St-Zip: JACKSONVILLE, FL 32217

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: CAMALA STRINGER

MGR

07/16/2012

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