2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# L10000074721

Entity Name: E-MED PROVIDERS, LLC

Current Principal Place of Business:

9900 W SAMPLE RD. STE 307
C/O TROKEE GROUP, LLC
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 771840
C/O TROKEE GROUP, LLC
CORAL SPRINGS, FL 33077 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LIBERTY TAX SERVICE
690 NW 62ND STREET
MIAMI, FL 33261 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: TROKEE GROUP, LLC
Address: PO BOX 771840
City-St-Zip: CORAL SPRINGS, FL 33077 US

Title: MGR
Name: ETUKS, ITORO
Address: PO BOX 610307
City-St-Zip: MIAMI, FL 33261

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: ITORO ETUKS MGR 04/18/2011

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