

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076793

Entity Name: BEYOND MEDICINE, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

218 YORKSHIRE CRESCENT  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

**Current Mailing Address:**

218 YORKSHIRE CRESCENT  
THOMASVILLE, GA 31792

**New Mailing Address:**

FEI Number: 27-3536874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COLE, RICHARD  
619 SW BAYA DRIVE  
LAKE CITY, FL 32025 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: SHOKAT, KRISTIN  
Address: 218 YORKSHIRE CRESCENT  
City-St-Zip: THOMASVILLE, GA 31792

Title: MGRM  
Name: SHOKAT, MAX  
Address: 218 YORKSHIRE CRESCENT  
City-St-Zip: THOMASVILLE, GA 31792

Title: MGRM  
Name: GARAY, AUGUSTO  
Address: 2890 COUNTRY SQUIRE LANE  
City-St-Zip: DECATUR, GA 30033

Title: MGRM  
Name: DIERKES, KEVIN  
Address: 1276 BALSAM DRIVE  
City-St-Zip: DECATUR, GA 30033

Title: MGRM  
Name: DIERKES, GREER  
Address: 1276 BALSAM DRIVE  
City-St-Zip: DECATUR, GA 30033

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: KRISTIN SHOKAT

MGRM

02/07/2012

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