

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080645

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** REDDYMED LLC

**Current Principal Place of Business:**

600 E. DIXIE AVENUE  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

311 NORTH MANGOUSTINE AVE.  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 27-3157807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REDDY, NAVIN M M.D.  
9608 WEATHERSTONE COURT  
WINDERMERE, FL 34786 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:** NAVIN MOVVA REDDY, M.D.  
**Address:** 9608 WEATHERSTONE COURT  
**City-St-Zip:** WINDERMERE, FL 34786 US

**Title:** MGR  
**Name:** CHERYL MALLAIAH  
**Address:** 311 N. MANGOUSTINE AVE.  
**City-St-Zip:** SANFORD, FL 32771 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:** NAVIN REDDY

DR

04/30/2012

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