2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# L10000082674

Entity Name: YOUR MEDICAL REPORTER, LLC

Current Principal Place of Business:

28266 MEADOW LARK LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28266 MEADOW LARK LANE
BONITA SPRINGS, FL 34134

New Mailing Address:

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

Name and Address of Current Registered Agent:

WELLMAN, CHERYL M
28266 MEADOW LARK LANE
BONITA SPRINGS, FL 34134 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: WELLMAN, CHERYL M
Address: 28266 MEADOW LARK LANE
City-St-Zip: BONITA SPRINGS, FL 34134

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: CHERYL WELLMAN MGRM 03/31/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date