

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085623

**Entity Name:** RELIANT MEDICAL GROUP, LLC

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3040 VIA CONQUISTADORES  
NAVARRE, FL 32566

**New Principal Place of Business:**

6626 BELLINGHAM ST.  
NAVARRE, FL 32566

**Current Mailing Address:**

3040 VIA CONQUISTADORES  
NAVARRE, FL 32566

**New Mailing Address:**

6626 BELLINGHAM ST.  
NAVARRE, FL 32566

**FEI Number:** 27-3244964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STIKELEATHER, SCOTT A  
3040 VIA CONQUISTADORES  
NAVARRE, FL 32566 US

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

STIKELEATHER, SCOTT A  
6626 BELLINGHAM ST.  
NAVARRE, FL 32566 US

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:

01/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STIKELEATHER, SCOTT A  
Address: 6626 BELLINGHAM ST.  
City-St-Zip: NAVARRE, FL 32566

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: SCOTT STIKELEATHER

MGRM

01/16/2011

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