

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092639

Entity Name: EHEALTH DIRECTI, LLC

FILED
Apr 27, 2012
Secretary of State

Current Principal Place of Business:

11885 EAST BLUE COVE DRIVE
DUNNELLON, FL 34432

New Principal Place of Business:

613 E. FORT KING STREET
OCALA, FL 34471 UN

Current Mailing Address:

POST OFFICE BOX 552
DUNNELLON, FL 34430

New Mailing Address:

POST OFFICE BOX 451
OCALA, FL 34478 UN

FEI Number: 27-3385407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, ROBERT L
11885 EAST BLUE COVE DRIVE
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

SCHMIDT, ROBERT L
613 E. FORT KING STREET
OCALA, FL 34471 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:

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PONS-SCHMIDT, MARIA
Address: POST OFFICE BOX 451
City-St-Zip: OCALA, FL 34478 UN

Title: MRGM
Name: SCHMIDT, ROBERT L
Address: POST OFFICE BOX 451
City-St-Zip: OCALA, FL 34478 UN

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: ROBERT L. SCHMIDT

MRGM

04/27/2012

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