

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000039765

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** MEDICAL FITNESS SPECIALISTS, LLC

**Current Principal Place of Business:**

1003 N. ORANGE AVENUE  
A2  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

525 N LEMON AVE  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1003 N. ORANGE AVENUE  
A2  
SARASOTA, FL 34236 US

**New Mailing Address:**

525 N LEMON AVE  
SARASOTA, FL 34236 US

**FEI Number:** 45-1135274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARLSON, CHERI L  
1003 N. ORANGE AVENUE  
A2  
SARASOTA, FL 34236 US

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

CARLSON, CHERI L  
525 N LEMON AVE  
SARASOTA, FL 34236 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:

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARLSON, CHERI L  
Address: 1739 OAK ST.  
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM  
Name: JENKINS, ALVIN W  
Address: 2203 GOLDENROD ST.  
City-St-Zip: SARASOTA, FL 34239 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: CHERI L CARLSON

MGRM

02/10/2012

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