## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000040203

Entity Name: ONE MEDICARE ADVISOR, LLC

Apr 30, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

905 E. MARTIN LUTHER KING JR. DR. STE. 103 905 E. MARTIN LUTHER KING JR. DR. TARPON SPRINGS, FL 34689

SUITE 130

TARPON SPRINGS, FL 34689

**Current Mailing Address: New Mailing Address:** 

905 E. MARTIN LUTHER KING JR. DR. STE. 103 905 E. MARTIN LUTHER KING JR. DR. TARPON SPRINGS, FL 34689

SUITE 130

TARPON SPRINGS, FL 34689

FEI Number: 90-0684269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY PEARL, SUZANNE 1201 HAYS STREET 905 E MARTIN LUTHER KING JR DR TALLAHASSEE, FL 323012525 US SUITE 130

TARPON SPRINGS, FL 34689 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: SUZANNE PEARL 04/30/2012

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGRM

Name: FILLWEBER, BRIAN

Address: 905 E MARTIN LUTHER KING JR DR SUITE 130

City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR

Name: PEARL, SUZANNE

Address: 905 E MARTIN LUTHER KING JR DR SUITE 130

City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR

PAXTON, MARILYN Name:

905 E MARTIN LUTHER KING JR DR SUITE 130 Address:

City-St-Zip: TARPON SPRINGS, FL 34689

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: BRIAN FILLWEBER **MGRM** 04/30/2012