

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077609

Entity Name: FIRST MERIT PPO, LLC

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

306 N. RHODES AVENUE, #111  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

306 N. RHODES AVENUE, #111  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERSSE, JOHN W  
1800 SECOND STREET  
SUITE 819  
SARASOTA, FL 34236 US

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

HICKERSON, GARY  
306 N. RHODES AVENUE  
SUITE 111  
SARASOTA, FL 34237 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: GARY HICKERSON

03/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FIRST BENEFITS GROUP, INC.  
Address: 306 N. RHODES AVENUE, #111  
City-St-Zip: SARASOTA, FL 34237

Title: MGRM  
Name: AMI HEALTH PLUS, LLC  
Address: 502 75TH STREET  
City-St-Zip: HOLMES BEACH, FL 34217

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: GARY HICKERSON

MM

03/13/2012

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