

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000082993

FILED
Feb 08, 2012
Secretary of State

Entity Name: ASSURANCE MEDICAL LLC

Current Principal Place of Business:

109 SE 1ST AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

109 SE 1ST AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 45-2777512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUYKENDALL, ROBERT
109 SE 1ST AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KUYKENDALL, ROBERT P
Address: 109 SE 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: KUYKENDALL, ROBERT C
Address: 109 SE 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: REED, CHARLES W
Address: 109 SE 1ST AVE
City-St-Zip: Ocala, FL 34471

Title: MGR
Name: DURHAM, HARVEY
Address: PO BOX 647
City-St-Zip: ADAMSVILLE, TN 38310

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 KUYKENDALL

MGR

02/08/2012

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