2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2012
Secretary of State

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Entity Name: MOBILE MEDICAL SERVICES; L.L.C.

Current Principal Place of Business:

4304 NORTHCOURSE LANE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

4304 NORTHCOURSE LANE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 27-3562626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOVER, SHARON L A.R.N.P
4304 NORTHCOURSE LANE
AVON PARK, FL 33825 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: HOOVER, SHARON L A.R.N.P
Address: 4304 NORTHCOURSE LANE
City-St-Zip: AVON PARK, FL 33825

Title: MGRM
Name: HOOVER, KENTON J
Address: 4304 NORTHCOURSE LANE
City-St-Zip: AVON PARK, FL 33825

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: SHARON L. HOOVER, A.R.N.P MGR 05/16/2012

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