

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106174

**Entity Name:** MPLI MANAGEMENT GROUP, LLC

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3619 W MORRISON AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3619 W MORRISON AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

PO BOX 18452  
TAMPA, FL 33679

**FEI Number:** 45-3449535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, BRIAN  
3619 W MORRISON AVENUE  
TAMPA, FL 33629 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: FRANKLIN, BRIAN  
Address: PO BOX 18452  
City-St-Zip: TAMPA, FL 33679

Title: MGRM  
Name: OMNI MED CONSULTING GROUP INC  
Address: 2707 NETTLE LANE  
City-St-Zip: BUFORD, GA 30519

Title: MGRM  
Name: SEILKOP & ASSOCIATES, INC.  
Address: 313 SWANSON DR  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM  
Name: HEALTHCARE PROFESSIONAL SERVICES INC.  
Address: 313 SWANSON DR  
City-St-Zip: LAWRENCEVILLE, GA 30043

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: BRIAN FRANKLIN

MGR

01/24/2012

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