# 2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**May 18, 2012**
**Secretary of State**

DOCUMENT# L11000120593

**Entity Name:** THE MEDIMIX, LLC

**Current Principal Place of Business:**

6820 SOUTHPOINT PARKWAY
SUITE 9
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6820 SOUTHPOINT PARKWAY
SUITE 9
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number: 45-3649112** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STOKES, JERON E
6820 SOUTHPOINT PARKWAY
SUITE 9
JACKSONVILLE, FL 32216 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: MGRP
Name: STOKES, JERON E
Address: 6820 SOUTHPOINT PARKWAY SUITE 9
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPS
Name: CHOKSI, RUSHAB
Address: 6820 SOUTHPOINT PARKWAY SUITE 9
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: DESAI, MITTAL
Address: 6820 SOUTHPOINT PARKWAY SUITE 9
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: EPSTEIN, BENJAMIN
Address: 6820 SOUTHPOINT PARKWAY SUITE 9
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT
Name: SHAH, KINNARI
Address: 6820 SOUTHPOINT PARKWAY SUITE 9
City-St-Zip: JACKSONVILLE, FL 32216

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: JERON E. STOKES :P 05/18/2012

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