

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000138709

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** EVENT MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD.  
SUITE #309  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS RD.  
SUITE #309  
APOPKA, FL 32712 US

**New Mailing Address:**

**FEI Number:** 45-4025574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEK, HUGH  
801 GRAND SAYAN LOOP  
APOPKA, FL 32712 US

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

GREEK, HUGH L  
1631 ROCK SPRINGS RD.  
#309  
APOPKA, FL 32712 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: HUGH L. GREEK

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBINSON, DAVID  
Address: 1631 ROCK SPRINGS RD. #309  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM  
Name: GREEK, HUGH  
Address: 1631 ROCK SPRINGS RD. # 309  
City-St-Zip: APOPKA, FL 32712 US

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: HUGH L. GREEK

MGR.

04/19/2012

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