

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001584

FILED
Aug 13, 2009
Secretary of State

Entity Name: DELTRAN MEDICAL INFORMATION MANAGEMENT SYSTEMS LLC

Current Principal Place of Business:

24615 SE HIGHWAY 450
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

24615 SE HIGHWAY 450
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-3527714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, LINDA
24615 SE HIGHWAY 450 E
UMATILLA, FL 32726 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: MGRM () Delete
Name: COX, LINDA S
Address: 24615 SE HIGHWAY 450
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LINDA COX

MGRM

08/13/2009

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