

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003083

FILED
Jan 14, 2010
Secretary of State

Entity Name: INSURANCE MEDICAL EXPERTS, L.L.C.

Current Principal Place of Business:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0931995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, STEVEN
123 NW 13TH STREET
207
BOCA RATON, FL 33432 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
Name: LEVINE, STEVEN
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: LEVINE, BARBARA
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: STOPEK, RICHARD
Address: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432

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: STEVEN LEVINE

MGR

01/14/2010

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