

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000810

FILED
Mar 31, 2010
Secretary of State

Entity Name: MEDICAL MUTUAL SERVICES, LLC

Current Principal Place of Business:

17800 ROYALTON RD.
STONGSVILLE, OH 44136 US

New Principal Place of Business:

17800 ROYALTON RD.
STRONGSVILLE, OH 44136 US

Current Mailing Address:

17800 ROYALTON RD.
STONGSVILLE, OH 44136 US

New Mailing Address:

17800 ROYALTON RD.
STRONGSVILLE, OH 44136 US

FEI Number: 34-1922587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CHIRICOSTA, RICHARD A
Address: 2060 EAST NINTH STREET
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR
Name: DUGAN, PATRICK J
Address: 2060 EAST NINTH STREET
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR
Name: JANCZY, DENNIS P
Address: 2060 EAST NINTH STREET
City-St-Zip: CLEVELAND, OH 44115 US

Title: MGR
Name: TYLER, SUSAN M
Address: 2060 EAST NINTH STREET
City-St-Zip: CLEVELAND, OH 44115 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: RICK CHIRICOSTA

MGR

03/31/2010

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