

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002310

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** BOUND TREE MEDICAL, LLC

**Current Principal Place of Business:**

5000 TUTTLE CROSSING BLVD  
DUBLIN, OH 43016

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8023  
DUBLIN, OH 430162023 US

**New Mailing Address:**

**FEI Number:** 31-1739487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1203 GOVERNORS SQ BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 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: MM  
Name: BEMS HOLDINGS, LLC  
Address: BEMS HOLDINGS, LLC- PO BOX 8023  
City-St-Zip: DUBLIN, OH 43016 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: BEMS HOLDING LLC

MM

02/14/2011

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