

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003494

Entity Name: FM MEDIC L.L.C.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3839 FOREST HILL-IRENE RD.  
MEMPHIS, TN 38125

**New Principal Place of Business:**

**Current Mailing Address:**

860 RIDGE LAKE BLVD.  
MEMPHIS, TN 38120

**New Mailing Address:**

3839 FOREST HILL-IRENE RD.  
MEMPHIS, TN 38125

FEI Number: 06-1668993

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: MGRM  
Name: SERVICEMASTER CONSUMER SERVICES LP  
Address: 860 RIDGE LAKE BLVD.  
City-St-Zip: MEMPHIS, TN 38120

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: SERVICEMASTER CONSUMER SERVICES LP

MGRM

04/15/2011

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