

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001841

FILED
Jan 06, 2010
Secretary of State

Entity Name: AMMED DIRECT LLC

Current Principal Place of Business:

5720 CROSSING BLVD STE A
ANTIOCH, TN 37013

New Principal Place of Business:

Current Mailing Address:

5720 CROSSING BLVD STE A
ANTIOCH, TN 37013

New Mailing Address:

FEI Number: 62-1868659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: OWNE
Name: AMERICAN HEALTH FULFILLMENT, INC.
Address: PO BOX 10
City-St-Zip: PARSONS, TN 38363

Title: PRES
Name: SMITH, JAMES M
Address: 52 WEST EIGHT STREET
City-St-Zip: PARSONS, TN 38363

Title: SEC
Name: PARRISH, JEFFERY D
Address: 52 WEST EIGHTH STREET
City-St-Zip: PARSONS, TN 38363

Title: TRES
Name: VISE, ANNE G
Address: 52 WEST EIGHT STREET
City-St-Zip: PARSONS, TN 38363

Title: COO
Name: MILAM, THOMAS J
Address: 5720 CROSSINGS BLVD STE A
City-St-Zip: ANTIOCH, TN 37013

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: THOMAS J. MILAM

COO

01/06/2010

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