

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M07000001841

**FILED**  
**Mar 02, 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

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:** JAMES M. SMITH

PRES

03/02/2010

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