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EXAMINER



August 16, 2010

Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

RE: M07000001841

Dear Florida Department of State:

AmMed Direct, LLC Board of Directors are pleased to announce that Dennis Berry has been appointed Chief Executive Officer. All other board members remain unchanged.

Please update your records to reflect this change within our company.

If you have any further question regarding this change, please contact me at 615-941-3823 or tmeador@ammeddirect.com.

Sincerely,

Terri Meador

Compliance Coordinator

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Am	Med Direct, LLC		
	n Limited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Lim Managing Member(s) and fee(s) are sul		Change Manager(s) or	
Please return all correspondence concer	rning this matter to the fol	lowing:	
Terri Meador		i	
Name of Person			
AmMed Direct, LL0	С	2010 AUG 19	****
Firm/Company		₩	-
5720 Crossings Blvd.,	Ste A	1.1	R T
Address		ന് ≇ മേഗ് ധ	gurana S
Antioch, TN 37013-3	1144	PM 3: 37 OF STATE E. FLORIBA	
City/State and Zip C		A	
tmeador@ammedd	irect.com		
E-mail address: (to be used for fut		tion)	
For further information concerning this	matter, please call:		
Terri Meador a	t (615)	941-3823	
Name of Person	Area Code and Daytin	ne Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		Section orporations 7	
Enclosed is a check for the following \$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55.00 Filing Fee &	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida AmMed Direct, LLC
2. This entity was formed under the laws of	f: Tennessee
3. This entity was authorized to transact buand its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
<u>Owner</u>	American Health Fulfillment, Inc PO Box 10 Parsons, TN 38363
<u>Presid</u> ent	James M. Smith 52 West Eighth St Parsons, TN 38363
Secretary	Jeffery D. Parrish 52 West Eighth Street Parsons, TN 38363
<u>Treasu</u> rer	Anne G. Vise 52 West Eighth Street Parsons, TN 38363
CEO_	Dennis Berry 5720 Crossings Blvd Antioch, TN 37013-3144
· / / / / / /	
Required Signature Signature of Manager	Managing Member or Member

Filing Fee: \$25

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