

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004905

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL TECHNOLOGY RESOURCES, LLC

**Current Principal Place of Business:**

6321 BUSCH BLVD.  
COLUMBUS, OH 43229

**New Principal Place of Business:**

400 LAZELLE ROAD  
SUITE 7  
COLUMBUS, OH 43240

**Current Mailing Address:**

6321 BUSCH BLVD.  
COLUMBUS, OH 43229

**New Mailing Address:**

400 LAZELLE ROAD  
SUITE 7  
COLUMBUS, OH 43240

**FEI Number:** 20-0495521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMICON, ANDREW R  
2581 JUPITER PARK DR.  
UNIT E-12  
JUPITER, FL 33458 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:** AMICON, ANDREW R  
**Address:** 2581 JUPITER PARK DR. UNIT E-12  
**City-St-Zip:** JUPITER, FL 33458

**Title:** MGRM  
**Name:** LOHRMAN, JOHN D  
**Address:** 400 LAZELLE ROAD, SUITE 7  
**City-St-Zip:** COLUMBUS, OH 43240

**Title:** CFO  
**Name:** MARTIN, LARRY R  
**Address:** 400 LAZELLE ROAD, SUITE 7  
**City-St-Zip:** COLUMBUS, OH 43240

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:** LARRY R. MARTIN

CFO

04/27/2012

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