



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3000

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. File No. 151313		2. Exact name of the limited liability company AmMed Direct, LLC			
3. State of Formation Tennessee		4. Brief description of the character of the business which is actually conducted in Rhode Island Mail order diabetes test supplies			
5. Principal office address 52 West 8th Street			City Parsons	State TN	Zip 38363
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffery Parrish			Contact Title Secretary		
Street Address P.O. Box 10			City Parsons	State TN	Zip 38363
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name James M Smith			Manager Name Thomas J Milam		
Street Address 52 West 8th Street			Street Address 5720 Crossings Blvd		
City Parsons	State TN	Zip 38363	City Antioch	State TN	Zip 37013-3144
Manager Name Jeffery Parrish			Manager Name Anne G. Vise		
Street Address 52 West 8th Street			Street Address 52 West 8th Street		
City Parsons	State TN	Zip 38363	City Parsons	State TN	Zip 38363
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

151313

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Thomas J Milam* 7/31/09  
Signature of Authorized Person Date

Thomas J. Milam

Print or Type Name of Authorized Person

File Date	8-3-09
Check No	024905
By:	<i>mnc</i>
FOR SECRETARY OF STATE USE ONLY	