



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000151313

2. Exact Name of the Limited Liability Company AmMed Direct, LLC

3. State of Formation

State: TN

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MAIL ORDER DIABETIC TESTING SUPPLIES

5. Principal Office Address

No. and Street: 52 WEST 8TH STREET

City or Town: PARSONS

State: TN

Zip: 38363

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: PO BOX 10

City or Town: PARSONS

State: TN

Zip: 38363

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANNE VISE	52 WEST 8TH ST PARSONS, TN 38363 USA
MANAGER	JEFFERY PARRISH	52 WEST 8TH ST PARSONS, TN 38363 USA
MANAGER	JAMES SMITH	52 WEST 8TH ST PARSONS, TN 38363 USA
MANAGER	DAVID MARK DAVIS	52 WEST 8TH ST PARSONS, TN 38363 USA
MANAGER	DENNIS BERRY	5720 CROSSINGS BLVD ANTIOCH, TN 37013 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

Signed this 29 Day of August, 2011 at 12:27:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DENNIS BERRY
Signature of Authorized Person

Form No. 632
Revised 09/07

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