

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008619

FILED  
Feb 27, 2004  
Secretary of State

Entity Name: INTERMEDIX, LLC

## Current Principal Place of Business:

8806 SLEEPY CREEK CT  
TAMPA, FL 33634 US

## New Principal Place of Business:

15620 FARNSWORTH LANE  
TAMPA, FL 33624 US

## Current Mailing Address:

P.O. BOX 263374  
TAMPA, FL 33685 US

## New Mailing Address:

15620 FARNSWORTH LANE  
TAMPA, FL 33624 US

FEI Number: 02-0587820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, MYRNA T  
8806 SLEEPY CREEK CT.  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

RIVERA, MYRNA T  
P.O. BOX 263374  
TAMPA, FL 33685 US

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:

02/27/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ACEVEDO, HAROLD JR.  
Address: P.O. BOX 263374  
City-St-Zip: TAMPA, FL 33685 US

Title: MGRM ( ) Delete  
Name: GUEDES, RICARDO  
Address: P.O. BOX 263374  
City-St-Zip: TAMPA, FL 33685 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ACEVEDO, HAROLD JR.  
Address: 15620 FARNSWORTH LANE  
City-St-Zip: TAMPA, FL 33624 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: HAROLD ACEVEDO, JR.

MGRM

02/27/2004

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