

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120341

FILED
Sep 03, 2008
Secretary of State

Entity Name: THERAMED, LLC

Current Principal Place of Business:

9360 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 8887
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 26-2260181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALBERT, GEORGE
9360 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

ALBERT, GEORGE L
9360 LEM TURNER ROAD
JACKSONVILLE, FL 32208 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: GEORGE L. ALBERT

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALBERT, GEORGE
Address: PO BOX 8887
City-St-Zip: JACKSONVILLE, FL 32239

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALBERT, GEORGE L
Address: PO BOX 8887
City-St-Zip: JACKSONVILLE, FL 32239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE L. ALBERT

MGRM

09/03/2008

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