

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005969

Entity Name: MEDHOLDINGS, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

5741 BEE RIDGE ROAD SUITE 390
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5741 BEE RIDGE ROAD SUITE 390
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1027695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN E. NAPOLITANO, P.A.
1100 WALLACE AVENUE, SUITE 240
SARASOTA, FL 342376042 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: MGR () Delete
Name: DOYLE-VALLERY, DEANNA
Address: 5741 BEE RIDGE ROAD, SUITE 390
City-St-Zip: SARASOTA, FL 34233

Title: MGR () Delete
Name: EASTERLING, GARY W
Address: 5741 BEE RIDGE ROAD, SUITE 390
City-St-Zip: SARASOTA, FL 34233

Title: MGR () Delete
Name: MARTIN, AMY G
Address: 5741 BEE RIDGE ROAD, SUITE 390
City-St-Zip: SARASOTA, FL 34233

Title: MGR () Delete
Name: JAMISON, RICHARD B
Address: 5741 BEE RIDGE ROAD, SUITE 390
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOYLE, DEANNA
Address: 5741 BEE RIDGE ROAD, SUITE 390
City-St-Zip: SARASOTA, FL 34233

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

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

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

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: DEANNA DOYLE

MGR

01/04/2008

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