

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008513

FILED
Mar 30, 2009
Secretary of State

Entity Name: MED IS, LLC

Current Principal Place of Business:

2143 TYRONE BLVD
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

PO BOX 40510
ST. PETERSBURG, FL 337430510

New Mailing Address:

FEI Number: 59-3659789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCARDLE, MICHAEL W
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34105 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: ENGEL, GREG C
Address: PO BOX 40510
City-St-Zip: ST. PETERSBURG, FL 337430510

Title: MGR () Delete
Name: SMITH, PAUL R
Address: PO BOX 40510
City-St-Zip: ST. PETERSBURG, FL 337430510

ADDITIONS/CHANGES:

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: GREGORYCENGEL

MR

03/30/2009

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