

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008513

Entity Name: MED IS, LLC

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2143 TYRONE BLVD  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

2143 TYRONE BLVD  
ST. PETERSBURG, FL 33710 US

**Current Mailing Address:**

PO BOX 40510  
ST. PETERSBURG, FL 337430510

**New Mailing Address:**

PO BOX 40510  
ST. PETERSBURG, FL 337430510 US

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:**

ENGEL, GREGORY  
2143 TYRONE BLVD.  
ST PETERSBURG, FL 33710 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: GREGORY C ENGEL

03/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ENGEL, GREG C  
Address: PO BOX 40510  
City-St-Zip: ST. PETERSBURG, FL 337430510

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

I hereby 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: GREGORY C ENGEL

MGR

03/04/2010

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