


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 A
Secretary of State**

DOCUMENT # L02000003958 1. Entity Name LEXMED, P.L.	
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Principal Place of Business 3632 NW 31ST TERRACE GAINESVILLE, FL 32605	Mailing Address 3632 NW 31ST TERRACE GAINESVILLE, FL 32605
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01092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0418433	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, KEITH 3632 NW 31ST TERRACE GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, KEITH 3632 NW 31ST TERRACE GAINESVILLE, FL 32605
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<p>000000003243 01/13/04-80046-023 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: K. Myers 1/9/04 352-374-4745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #