

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013704

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ACCUMED DATA MANAGEMENT, LLC

**Current Principal Place of Business:**

398 SOUTHWEST 12TH AVENUE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

398 SOUTHWEST 12TH AVENUE  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 04-3677503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINE, WILLIAM P  
398 SOUTHWEST 12TH AVENUE  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

WINE, WILLIAM P  
398 SOUTHWEST 12TH AVENUE  
DEERFIELD BEACH, FL 33442 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:

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WINE, SANDRA F  
Address: 398 SOUTHWEST 12TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: WINE, WILLIAM P  
Address: 398 SOUTHWEST 12TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

**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 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: WILLIAM WINE

PRES

04/24/2007

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