2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**SIGNATURE:** 

ANNUAL REPUR (AR)					Eab 20 2004 00.00 AM	
DOCUMENT # L02000028088 1. Entity Name					Feb 20, 2004 08:00 AM Secretary of State	
MED MONITORING, LC						
Principal Place of Business Mailing Address						
689 RIVERCREST LANE LONGWOOD FL 32779		689 RIVERCREST LANE LONGWOOD FL 32779				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E083 (11/03)	
City & State		City & Stale			4. FEI Number 16-1634627 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent	1	T	7. Name and Address of New Registered Agent	
				Name		
SAVOY, ALVIN L 689 RIVERCREST LANE LONGWOOD FL 32779				Street Address (P.O. Box Number is Not Acceptable)		
20.	ICTYOOD I E CEITO					
				City	FL Zip Code	
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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$50.00						
Make Check Payable to Florida Department of State						
		,		ay 1, 2004		
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHANGES	
TITLE	P	☐ Delete	TITL		☐ Change ☐ Addition	
NAME	SAVOY, ALVIN L		NAN	AE EET ADDRESS	U0000 <b>0059497</b>	
STREET ADDRESS CITY-ST-ZIP	555 111 511511251 211			Y+ST-ZIP	02/23/04-80002-005 50.00	
TITLE		☐ Delete	TITL	£	☐ Change ☐ Addition	
Name			NAA	AE .		
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP		m		Y-ST-ZIP	☐ Change ☐ Addibon	
TITLE NAME		Delete	TITE NAN	<b>I</b>	Charge Addition	
STREET ADDRESS			•	EET ADDRESS		
CITY-ST-ZIP			City	Y-ST-ZIP		
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CITY+ST-ZIP				r-ST-ZIP		
TITLE			TITE	.E	☐ Change ☐ Addition	
NAME.			NAM	VIE		
STREET ADDRESS				EET ADDRESS		
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TITLE NAME		☐ Delele	TITI Nam		C Orange C Addition	
STREET ADDRESS				REET ADDRESS		
CITY - ST-ZIP				Y-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						

**FILED**