
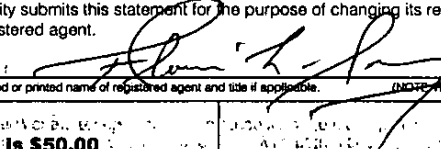
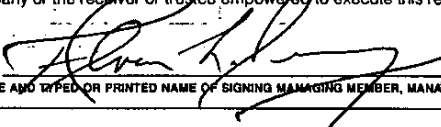


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90183 033 \*\*\*\*50.00

<b>DOCUMENT # L02000028088</b>						
<b>1. Entity Name</b> MED MONITORING, LC						
<b>Principal Place of Business</b> 689 RIVERCREST LANE LONGWOOD, FL 32779			<b>Mailing Address</b> 689 RIVERCREST LANE LONGWOOD, FL 32779			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10918 CREEKVIEW DRIVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b>		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 16-1634627		
<b>Zip</b>		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> SAVOY, ALVIN L 689 RIVERCREST LANE LONGWOOD, FL 32779			<b>7. Name and Address of New Registered Agent</b>			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL Zip Code			
<b>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.</b>						
<b>SIGNATURE</b> 				<b>DATE</b> 1-11-05		
Signature, typed or printed name of registered agent and title if applicable. (NONE Registered Agent signature required when reinstating)				DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b> P	<b>NAME</b> SAVOY, ALVIN L		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 689 RIVERCREST LN	LONGWOOD, FL 32779		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	LONGWOOD, FL 32779		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	MED MONITORING, LC		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	10918 CREEKVIEW DRIVE		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	JACKSONVILLE, FL 32225		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	1-800-749-6333		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> 				<b>ALVIN L. SAVOY 1-11-05 904641-7140</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #		