

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90012 024 ****50.00

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| DOCUMENT # L02000029810 | | | | | |
| 1. Entity Name TRIMED LLC | | | | | |
| Principal Place of Business 3750 EMERGENCY LN., SUITE 2 SEBRING, FL 33870 <i>3601 Highlands Ave Sebring, FL 33870</i> | | | Mailing Address 3750 EMERGENCY LN., SUITE 2 SEBRING, FL 33870 <i>2582 S. Maguire Rd Ocoee, FL 34761 #311</i> | | |
| 2. Principal Place of Business <i>3601 S. Highlands Ave</i> | | 3. Mailing Address <i>2582 S. Maguire Rd</i> | | | |
| Suite, Apt. #, etc. <i>311</i> | | Suite, Apt. #, etc. <i>311</i> | | | |
| City & State <i>Sebring, FL</i> | | City & State <i>Ocoee, FL</i> | | 4. FEI Number 13-4222131 | |
| Zip <i>33870</i> | | Country <i>Highlands</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip <i>33870</i> | | Country <i>ORANGE</i> | | 6. Name and Address of Current Registered Agent TURK, RICHARD DR 6388 SILVER STAR ROAD STE-2-G ORLANDO, FL 32848 | |
| 7. Name and Address of New Registered Agent Name <i>PAUL WEBSTER</i> Street Address (P.O. Box Number is Not Acceptable) <i>2582 S. MAGUIRE Rd #311</i> City <i>Ocoee</i> FL Zip Code <i>34761</i> | | 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 <i>[Signature]</i> DATE <i>5/1/04</i> | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TURK, RICHARD DR 6388 SILVER STAR ROAD STE. 2-G ORLANDO, FL 32818 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEBSTER, PAUL S 6388 SILVER STAR ROAD STE. 2-G ORLANDO, FL 32818 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> PAUL WEBSTER | | | 5/1/04 (407) 656-0803 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone | | |