## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L03000007102

Entity Name: MED-SAM, L.L.C.

FILED Mar 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13964 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635

**Current Mailing Address: New Mailing Address:** 

13964 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635

FEI Number: 11-3678853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FARHADI, ADELINA FARHADI, MATT M 13964 W. HILLSBOROUGH AVE 13964 W. HILLSBOROUGH AVE

TAMPA, FL 33635 TAMPA, FL 33635 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: MATT FARHADI 03/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

FARHADI, ADELINA FARHADI, MATT Name: Name: Address: 13964 W HILLSBOROUGH AVENUE Address: 13964 W HILLSBOROUGH AVENUE

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635

Title: MGR (X) Delete Title: () Change () Addition

Name: CERULLO, SALVATORE Name: Address: 13964 W. HILLSBOROUGH AVE. Address: City-St-Zip: TAMPA, FL 33635 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: MATT FARHADI 03/02/2007