2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

May 16, 2008 8:00 am Secretary of State DOCUMENT # L03000025481 1. Entity Name 05-16-2008 90188 002 ***138.75 E M D GROUP OF SW FLORIDA, LLC Principal Place of Business Mailing Address 9510 MARKETPLACE ROAD P.O. BOX 617 FT. MYERS FL 33912 LAFAYETTE HILL PA 19444 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 86-1076525 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY (P.O. Box **W** , しろし 1201 HAYS STREET TALLAHASSEE FL 3230 Zip Code **(34109** 8. The above named entity subgrits 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable tNOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TOTALE MGRM ☐ Delete TITLE Addition NAME DELEO, EDWARD M NAME STREET ADDRESS P.O. BOX 617 STREET ADDRESS CITY-ST-ZIP LAFAYETTE HILL PA 19444 CITY-ST-ZIP TITLE ☐ Delete TiTi F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 Statu

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

Daytone Phone #