

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052097

FILED
Aug 09, 2007
Secretary of State

Entity Name: MEDPOND LLC

Current Principal Place of Business:

3600 MANDY DRIVE
GRANBURY, TX 76048

New Principal Place of Business:

Current Mailing Address:

3600 MANDY DRIVE
GRANBURY, TX 76048

New Mailing Address:

FEI Number: 20-0475741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERRIS, MARK
Address: 20270 FRONT ST NE #203
City-St-Zip: POULSBO, WA 98370

Title: MGRM () Delete
Name: SANDERS, JOHN
Address: 3600 MANDY DRIVE SUITE 1
City-St-Zip: GRANBURY, TX 76048

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A SANDERS

MGMR

08/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date