

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047764

Entity Name: GEO-MED, LLC

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

302 E. GREENTREE LANE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

478 EAST ALTAMONTE DRIVE  
PMB 235, SUITE #108  
ALTAMONTE SPRINGS, FL 327014622 US

## New Mailing Address:

FEI Number: 38-3706824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORZINE, CHRISTOPHER S  
15436 OSPREY GLEN DR  
LITHIA, FL 33547 US

## Name and Address of New Registered Agent:

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: MR. ( ) Delete  
Name: CORZINE, CHRISTOPHER  
Address: 302 E. GREENTREE LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: MR. ( ) Delete  
Name: LOCKE, MICHAEL  
Address: 302 E. GREENTREE LANE  
City-St-Zip: LAKE MARY, FL 32746

## 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 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: CHRISTOPHER S. CORZINE

MGRM

04/19/2007

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