2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# L04000047778

Entity Name: REDI-MED LLC

Current Principal Place of Business:

4550 EXECUTIVE DRIVE
SUITE 104
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4550 EXECUTIVE DRIVE
SUITE 104
NAPLES, FL 34119

New Mailing Address:

FEI Number: 56-2470149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMYSER, JOHN M
4550 EXECUTIVE DR #104
NAPLES, FL 34119 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: MGR ( ) Delete
Name: JOHN, SMYSER M PA
Address: 4550 EXECUTIVE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHN, SMYSER M PA
Address: 4550 EXECUTIVE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Change (X) Addition
Name: HOBAICA, PAUL J
Address: 4550 EXECUTIVE DRIVE
City-St-Zip: NAPLES, FL 34119

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 M. SMYSER MGRM 05/21/2009

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