

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052959

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: INTERMED I, L.L.C.

**Current Principal Place of Business:**

11670 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11670 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 51-0519312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKRIVAN, KENT A ESQ.  
C/O LAW OFFICES OF KENT A. SKRIVAN, PLLC  
801 LAUREL OAK DRIVE, SUITE 705  
NAPLES, FL 34108 US

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

SKRIVAN, KENT A ESQ.  
9115 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES, FL 34109 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: K SKRIVAN

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLAHARTY, PATRICK  
Address: 11670 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGR ( ) Delete  
Name: FLAHARTY, KRISTEN  
Address: 11670 ROSEMOUNT DRIVE  
City-St-Zip: FORT MYERS, FL 33913

**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: KRISTEN FLAHARTY

MGR

04/28/2009

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