

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052959

**FILED**  
**Feb 23, 2010**  
**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.  
9115 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES, FL 34109 US

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

SKRIVAN, KENT A ESQ.  
1421 PINE RIDGE ROAD  
SUITE 120  
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

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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: PAT FLAHARTY

MGR

02/23/2010

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