

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052959

**FILED**  
**Mar 30, 2011**  
**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.  
1421 PINE RIDGE ROAD  
SUITE 120  
NAPLES, FL 34109 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  
**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:** KRISTEN K. FLAHARTY

MGR

03/30/2011

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