

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077236

Entity Name: MED 1ST, L.L.C.

FILED
May 16, 2007
Secretary of State

Current Principal Place of Business:

1009 KINGSBOROUGH GARDENS COURT
LUTZ, FL 33549

New Principal Place of Business:

11206 CHALLENGER AVE
UNIT D
ODESSA, FL 33556

Current Mailing Address:

1009 KINGSBOROUGH GARDENS COURT
LUTZ, FL 33549

New Mailing Address:

11206 CHALLENGER AVE
UNIT D
ODESSA, FL 33556

FEI Number: 42-1681796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, TERENCE
1009 KINGSBOROUGH GARDENS COURT
LUTZ, FL 33549 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: MGRM () Delete
Name: MISTRETTA, THOMAS
Address: 1009 KINGSBOROUGH GARDENS COURT
City-St-Zip: LUTZ, FL 33549

Title: MGRM (X) Delete
Name: WILLIAMS, TERENCE
Address: 1009 KINGSBOROUGH GARDENS COURT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, TERENCE
Address: 1009 KINGSBOROUGH GDN CT
City-St-Zip: LUTZ, FL 33556

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: TERENCE WILLIAMS

MGRM

05/16/2007

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