

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90125 011 ***138.75

60021140



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1935780 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000080308

1. Entity Name
WILMED GROUP, LLC



Principal Place of Business
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667 US

Mailing Address
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667 US

2. Principal Place of Business - No P.O. Box #
412 High Tide Drive
Suite, Apt. #, etc.

3. Mailing Address
412 High Tide Drive
Suite, Apt. #, etc.

City & State
St. Augustine, FL
Zip 32080 Country USA

City & State
St. Augustine, FL
Zip 32080 Country USA

6. Name and Address of Current Registered Agent

FREDENHAGEN, SHARON W
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
412 High Tide Drive
City St. Augustine FL Zip Code 32080

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 322249667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 412 High Tide Drive
CITY-ST-ZIP St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sharon W. Fredenhagen 4/8/08 904-482-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #