

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000081119

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** INTERMED II, L.L.C.

**Current Principal Place of Business:**

1160 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

1160 ROSEMOUNT DRIVE  
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 14-1921614

**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: FT 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: PATRICK FLAHARTY

MGR

04/25/2012

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