

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007615

Entity Name: PERMA-MED, L.L.C.

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

4240 WINDOVER WAY  
MELBOURNE, FL 329348515

**New Principal Place of Business:**

**Current Mailing Address:**

4240 WINDOVER WAY  
MELBOURNE, FL 329348515

**New Mailing Address:**

FEI Number: 20-3116136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRESNER, MARK  
4240 WINDOVER WAY  
MELBOURNE, FL 329348515 US

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

DRESNER, MARK S  
4240 WINDOVER WAY  
MELBOURNE, FL 329348515 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: MARK S DRESNER

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DRESNER, MARK  
Address: 4240 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 329348515

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DRESNER, MARK S  
Address: 4240 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 329348515

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK S DRESNER

MGR

04/24/2006

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