

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063424

Entity Name: AMELIA MED, LLC

FILED
Aug 01, 2008
Secretary of State

Current Principal Place of Business:

4021 W. KILGORE AVENUE
MUNCIE, IN 47304

New Principal Place of Business:

96279 BRADY PT RD
FERNANDINA BEACH, FL 32034

Current Mailing Address:

4021 W. KILGORE AVENUE
MUNCIE, IN 47304

New Mailing Address:

96279 BRADY PT RD
FERNANDINA BEACH, FL 32034

FEI Number: 32-0153556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MATRICIA, DANIEL DR
92679 BRADY POINT
FERNANDINA BEACH, FL 32034 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: WISE, JERRY
Address: 4021 W. KILGORE AVENUE
City-St-Zip: MUNCIE, IN 47304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MATRICIA, DANIEL J
Address: 96279 BRADY PT RD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC () Change (X) Addition
Name: MATRICIA, SUE M
Address: 96279 BRADY PT RD
City-St-Zip: FERNANDINA BEACH, FL 32034

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: DANIEL MATRICIA

PRES

08/01/2008

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