

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063424

Entity Name: AMELIA MED, LLC

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

96279 BRADY PT RD  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

96279 BRADY PT RD  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

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:**

MATRICIA, DANIEL J DR  
96279 BRADY POINT RD  
FERNANDINA BEACH, FL 32034      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: DANIEL J. MATRICIA

05/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MATRICIA, DANIEL J  
Address: 96279 BRADY POINT RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

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

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: DANIEL J. MATRICIA

PRES

05/02/2010

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