

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90051 025 \*\*\*\*50.00

<b>DOCUMENT # L05000099047</b> 1. Entity Name <b>MEDI-QUICK PROPERTIES, LLC</b>					
Principal Place of Business <b>6 OFFICE PARK DRIVE PALM COAST, FL 32137</b>			Mailing Address <b>6 OFFICE PARK DRIVE PALM COAST, FL 32137</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>14-1947848</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUSSEL C. TULLIUS, LLC 629 N. PENINSULA DRIVE DAYTONA BEACH, FL 32311-8</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM	SHAW, DUDLEY	6 OFFICE PARK DRIVE PALM COAST, FL 32137	<input type="checkbox"/>	
	MGRM	BUTLER, DAVID	6 OFFICE PARK DRIVE PALM COAST, FL 32137	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>10. ADDITIONS/CHANGES</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGRM	Dana M. Conner	6 OFFICE PARK DRIVE PALM COAST, FL 32137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	Rafael Santiago	6 OFFICE PARK DR. PALM COAST, FL 32137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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 606, Florida Statutes.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/13/06</b> Daytime Phone # <b>386 447-6615</b>	

ATTACHMENT



ATTACHMENT

30000 620

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

MEDI-QUICK PROPERTIES, LLC  
6 OFFICE PARK DRIVE  
PALM COAST, FL 32137

Subject: **MEDI-QUICK PROPERTIES, LLC**

Reference Number:

**L05000099047**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION