2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 JUN 25 PM 3: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103092

1. Entity Name
MED READY SYSTEMS, LLC

Principal Place of Business	Mailing Address
43 GREENLIN VILLA ROAD CRAWFORDVILLE, FL 32327	43 GREENLIN VILLA ROAD CRAWFORDVILLE, FL 32327

06112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1085 Unit 1 Sopchoppy			
Suite, Apt. #, etc.: Hwy.		Suite, Apt. #, etc.	
City & State: Sopchoppy, FL		City & State	
Zip: 32358	Country: USA	Zip	Country

4. FEI Number: 75-3255951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKLIN, FREDDIE L SR. 43 GREENLIN VILLA ROAD CRAWFORDVILLE, FL 32327 ☑ Delete	Name: William Barnhart Street Address (P.O. Box Number is Not Acceptable): 10690 Versailles Blvd City: Wellington, FL FL Zip Code: 33467

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.

SIGNATURE: William E Barnhart 06/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, HELEN 43 GREENLIN VILLA ROAD CRAWFORDVILLE, FL 32327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 06/26/08--01001--012 **10.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Rita 5578 Pedrick Plantation Circle Tallahassee, FL 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200131712422 06/26/08--01001--013 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: Helen Franklin 06/11/08 850 926-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RA sign.