

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026118

Entity Name: LIVEMED JOURNAL, LLC

FILED  
Mar 06, 2008  
Secretary of State

## Current Principal Place of Business:

9000 CYPRESS GREEN DRIVE  
SUITE 105B  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

8578 ETHANS GLEN TERRACE  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

9000 CYPRESS GREEN DRIVE  
SUITE 105B  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

8578 ETHANS GLEN TERRACE  
JACKSONVILLE, FL 32256 US

FEI Number: 20-4469636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAIN, PRAMOD  
8578 ETHANS GLEN TERRACE  
JACKSONVILLE, FL 32256 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: JAIN, PRAMOD  
Address: 8578 ETHANS GLEN TERRACE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete  
Name: EEG CARE, LLC,  
Address: 9000 CYPRESS GREEN DRIVE, SUITE 105B  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PRAMOD JAIN

MGRM

03/06/2008

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