

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044726

FILED
Jan 08, 2007
Secretary of State

Entity Name: SECURED MEDICAL ID, LLC.

Current Principal Place of Business:

3001 N. ROCKY POINT DRIVE EAST
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3301 BAYSHORE BLVD
901
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZ, JERRY
3301 BAYSHORE BLVD
901
TAMPA,, FL 33629 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: KATZ, JERRY
Address: 3301 BAYSHORE BLVD # 901
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY KATZ

MGR

01/08/2007

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