


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90052 036 ***138.75

DOCUMENT # L06000058623	
1. Entity Name MEDS, LLC	

Principal Place of Business 15051 S TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908	Mailing Address 15051 S TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908
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60030313

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8761322		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ADKINS, EDWARD D 15051 S TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. ADKINS, SANDRA J 15051 S. TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #