

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062440

FILED
Jan 15, 2008
Secretary of State

Entity Name: REDI-MED OF BONITA SPRINGS, LLC

Current Principal Place of Business:

9400 BONITA BEACH RD., STE. 101
BONITA BEACH, FL 34135

New Principal Place of Business:

Current Mailing Address:

4450 EXECUTIVE DR., STE. 104
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-5124785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMYSER, JOHN M
4550 EXECUTIVE DR., STE. 104
NAPLES, FL 34119 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: SMYSER, JOHN M PA-C
Address: 1651 TRIANGLE PALM TERRACE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: MILLER, SHAWN B MD
Address: 27952 HACIENDA VILLAGE DR., STE. 1
City-St-Zip: BONITA SPRINGS, FL 34135

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: JOHN M. SMYSER

MGRM

01/15/2008

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