

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062440

Entity Name: REDI-MED OF BONITA SPRINGS, LLC

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 2758  
BONITA SPRINGS, FL 34133

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:**

MILLER, SHAWN B M.D.  
9400 BONITA BEACH RD.  
STE 101  
BONITA SPRINGS, FL 34135 US

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: SHAWN MILLER MD

03/26/2009

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

**ADDITIONS/CHANGES:**

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

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

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: SHAWN MILLER MD

MGMB

03/26/2009

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