

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062440

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** REDI-MED OF BONITA SPRINGS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2758  
BONITA SPRINGS, FL 34133

**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:**

MILLER, SHAWN B M.D.  
9400 BONITA BEACH RD.  
STE 101  
BONITA SPRINGS, FL 34135 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  
Name: MILLER, SHAWN B MD  
Address: 9400 BONITA BEACH RD., #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby 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 B. MILLER

MBR

02/26/2011

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