

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094460

Entity Name: MED-MATES LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

966 PINE WALK CT NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

PO BOX 60160
PALM BAY, FL 329060160

New Mailing Address:

FEI Number: 20-5609543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, JOANN E
966 PINE WALK CT NE
PALM BAY, FL 32905 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: MGR () Delete
Name: ROGERS, JOANN E
Address: PO BOX 60160
City-St-Zip: PALM BAY, FL 329060160

Title: MGRM () Delete
Name: CALDWELL, MARCIA
Address: PO BOX 1627
City-St-Zip: MELBOURNE, FL 329021627

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROGERS, CHARLES
Address: PO BOX 60160
City-St-Zip: PALM BAY, FL 329060160

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: JOANN E ROGERS

MGR

03/05/2007

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