

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096064

Entity Name: J & K MOBILE MEDICS L.L.C.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

8348 BLUEBERRY DRIVE #1
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

13806 LITTLE ROAD BOX 121
HUDSON, FL 34667

New Mailing Address:

13806 LITTLE ROAD BOX 122
HUDSON, FL 34667

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, JOHN
8348 BLUEBERRY DRIVE #1
NEW PORT RICHEY, FL 34653 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: ROBERTS, JOHN
Address: 8348 BLUEBERRY DRIVE #1
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: ROBERTS, KATHLEEN
Address: 8348 BLUEBERRY DRIVE #1
City-St-Zip: NEW PORT RICHEY, FL 34653

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: KATHLEEN ROBERTS

MGR

04/24/2008

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