

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113335

Entity Name: INTERSTATE MEDICAL, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

8708 PERIMETER PARK BLVD
SUITE 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8708 PERIMETER PARK BLVD
SUITE 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-5801916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKIGEN, ANDREW
8708 PERIMETER PARK BLVD
SUITE 1
JACKSONVILLE, FL 32216 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: DR () Delete
Name: SKIGEN, ANDREW
Address: 8708 PERIMETER PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MR () Change (X) Addition
Name: CRAIG, KROEGER
Address: 8708 PERIMETER PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: ANDREW SKIGEN

MGR

05/01/2008

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