

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113335

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** INTERSTATE MEDICAL, LLC

**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 ( )**

**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  
**Name:** SKIGEN, ANDREW  
**Address:** 8708 PERIMETER PARK BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** MR  
**Name:** CRAIG, KROEGER  
**Address:** 8708 PERIMETER PARK BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** ANDREW SKIGEN

PRES

03/01/2010

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