2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L06000123016

Entity Name: MEDICAL METHODS, LLC

Current Principal Place of Business:

1422 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

1422 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

7807 BAYMEADOWS ROAD EAST
SUITE 200
JACKSONVILLE, FL 32256

FEI Number: 20-8131984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: DRAWDY, CLINTON D
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR. ( ) Change (X) Addition
Name: PERCE, CHAD A
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: MS. ( ) Change (X) Addition
Name: CANNON, KIMBERLY A
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

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: KIMBERLY CANNON MS. 04/08/2008

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