## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013141

Entity Name: MED COMPLEX LLC

FILED Apr 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

462 N.W. LAKE VALLEY TERRACE 289 SW STONEGATE TERRACE LAKE CITY, FL 32055 US

103

LAKE CITY, FL 32024

**Current Mailing Address: New Mailing Address:** 

462 N.W. LAKE VALLEY TERRACE PO BOX 1642

LAKE CITY, FL 32055 LAKE CITY, FL 320561642 US

FEI Number: 20-8419497 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD

SUITE A-100 TAMPA, FL 336123425 US

MUENCHEN, JOHN R 4158 WEST ÚS HIGHWAY 90 LAKE CITY, FL 32055

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: JOHN R. MUENCHEN 04/27/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition MGR () Delete

KHAN, WASEEM Name: Name: Address: 462 N.W. LAKE VALLEY TERRACE Address: City-St-Zip: LAKE CITY, FL 32055 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: KHAN, NAJEEBA Name: Address: 462 N.W. LAKE VALLEY TERRACE Address: City-St-Zip: LAKE CITY, FL 32055 US 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: WASEEM KHAN 04/27/2008