2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L07000067071

Entity Name: MEDI MD, LLC

Current Principal Place of Business:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 26-0765834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLURE, WILLIAM A
1424 NORTH LOOP PARKWAY
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MCCLURE, WILLIAM A
167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

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: WILLIAM A MCCLURE 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MCCLURE, WILLIAM	
Address:	167 PALENCIA VILLAGE DRIVE STE 101	
City-St-Zip:	SAINT AUGUSTINE, FL 32095 US	
Title:	MGR	( ) Delete
Name:	BULLOCK, KRISTIN	
Address:	167 PALENCIA VILLAGE DRIVE STE 101	
City-St-Zip:	SAINT AUGUSTINE, FL 32095 US	
Title:	MGR	( ) Delete
Name:	STOWELL, PAULA DR	
Address:	167 PALENCIA VILLAGE DRIVE STE 101	
City-St-Zip:	SAINT AUGUSTINE, FL 32095 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLIAM A MCCLURE MGRM 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date