2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# L07000092690

Entity Name: MOBILEHOME MEDICS, LLC

Current Principal Place of Business:

603 PONDER
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

603 PONDER
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 26-0886345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITT, TIMOTHY
603 PONDER
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

WITT SR., TIMOTHY
603 PONDER
LECANTO, FL 34461 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: TIMOTHY N. WITT SR. 04/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WITT, TIMOTHY
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM ( ) Delete
Name: WITT, TIMOTHY JR
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM ( ) Delete
Name: SHERMAN, WILLIAM
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 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: TIMOTHY N. WITT SR> MGRM 04/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date