2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000031245

Entity Name: LNJ MED, LLC

Current Principal Place of Business:

12244 TREELINE AVENUE, SUITE 7
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12244 TREELINE AVENUE, SUITE 7
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 26-2276958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 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: MGR ( ) Delete
Name: WILLIAMS, LAWRENCE H
Address: 12244 TREELINE AVENUE, SUITE 7
City-St-Zip: FORT MYERS, FL 33913

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BLOXHAM, NORMAN R
Address: 1860 CARBONATA DRIVE
City-St-Zip: ALVA, FL 33920

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: NORMAN R. BLOXHAM MGR 04/27/2009

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