2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000053981

Entity Name: EMED INOCULATION SYSTEMS, LLC

Current Principal Place of Business:

202 LAKE MIRIAN DRIVE, STE. W3
LAKELAND, FL 33813

New Principal Place of Business:

36CC STREET
LAKELAND, FL 33815

Current Mailing Address:

P.O. BOX 2476
LAKELAND, FL 33806

New Mailing Address:

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

Name and Address of Current Registered Agent:

MURPHY, RICHARD C JR.
36 CC STREET
LAKELAND, FL 33815 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:	MURPHY, RICHARD C JR.	
Address:	36 CC STREET	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGRM	( ) Delete
Name:	ANDERSON, DAVID	
Address:	10101 E. BAY HARBOR DRIVE, APT. 706	
City-St-Zip:	BAY HARBOR, FL 33154	
Title:	MGRM	(X) Delete
Name:	SCHAEFER, DR. JAMES	
Address:	80 ROGERS STREET, UNIT 1-A	
City-St-Zip:	CLEARWATER, FL 33756	

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: RICHARD C. MURPHY, JR. MGR 04/29/2009

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