

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112152

Entity Name: MEDED INT'L., LLC

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6017 PINE RIDGE RD  
#166  
NAPLES, FL 34119

**New Principal Place of Business:**

471 SOLL ST  
NAPLES, FL 34109

**Current Mailing Address:**

P O BOX 7038  
NAPLES, FL 34101 70

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

WOOD, MARY  
6017 PINE RIDGE RD  
#166  
NAPLES, FL 34119 US

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

WOOD, MARY  
471 SOLL ST  
NAPLES, FL 34109 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: MARY WOOD

06/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: LEONE-PANELLA, TRICIA  
Address: P O BOX 7038  
City-St-Zip: NAPLES, FL 34101 US

I hereby 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: TRICIA PANELLA-LEONE

MM

06/13/2012

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