

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026593

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** INMEDEX, LLC

**Current Principal Place of Business:**

10436 PONTOFINO CIRCLE  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

10436 PONTOFINO CIRCLE  
TRINITY, FL 34655 US

**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:**

SALINSKY, JARED  
10436 PONTOFINO CIRCLE  
TRINITY, FL 34655 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: MGRM  
Name: SALINSKY, JARED  
Address: 10436 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM  
Name: BURRUSS, DAN  
Address: 10436 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655 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:** JARED SALINSKY

MGRM

03/30/2010

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