

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002276

1. Entity Name
4WEBMED, LLC



Principal Place of Business
2805 N. COMMERCE PKWY.
MIRAMAR, FL 33025

Mailing Address
2805 N. COMMERCE PKWY.
MIRAMAR, FL 33025



07022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAMMARA, ROBERT L
1010 SEMINOLE DR., SUITE 1210
FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

1100000164731
07/09/04-80001-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMMARA, JONATHAN C 2805 N. COMMERCE PKWY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAMMARA, ROBERT L 2805 N. COMMERCE PKWY MIRAMAR, FL 33025
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/7/04

Date

954-322-2668

Daytime Phone #