

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008202

FILED
Apr 29, 2004
Secretary of State

Entity Name: INTERMED, L.L.C.

Current Principal Place of Business:

705 WEST FLETCHER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

705 WEST FLETCHER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3613012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVELLO, MARTIN
705 WEST FLETCHER AVE.
TAMPA, FL 33612

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/MEMBERS:

Title: MGRM () Delete
Name: CHO, JAI MD
Address: 13701 BRUCE B. DOWNS, #105
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: REVELLO, RAUL MD
Address: 2912 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: KUTTY, MOHAN MD
Address: 13911 LAKESHORE BLVD., STE. B
City-St-Zip: HUDSON, FL 34667

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 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 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: RAUL REVELLO

MGRM

04/29/2004

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