LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2004 8:00 am
Secretary of State
08-24-2004 90046 019 ****50.00

DOCUMENT # MD1000001096

1. Entity Name

Med Fund LLC

DO NOT WRITE IN THIS SPACE

24081282

2. Principal Place of Business		3. Mailing Address	
		240 N. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7th Floor	
City & State		City & State Sarasota, FL	
Zip	Country	Zip 34236	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel Branch
Street Address (P.O. Box Number is Not Acceptable): 240 N. Washington Blvd.
7th Floor
City: Sarasota FL Zip Code: 34236

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] CFO 8/4/04
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Kern, Martin J.	NAME	
STREET ADDRESS	240 N Washington Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl 34236	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	Daniel Branch	NAME	
STREET ADDRESS	240 N Washington Blvd, 7th Floor	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl 34236	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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] 8/4/04 (941)925-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #