

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 30 AM 9:56

**DOCUMENT # M01000001096**

1. Entity Name  
**MED FUND LLC**



Principal Place of Business  
**240 N WASHINGTON BLVD 7TH FL  
SARASOTA, FL 34236**

Mailing Address  
**240 N WASHINGTON BLVD 7TH FL  
SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**

06282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1087336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRANCH, DANIEL  
240 N WASHINGTON BLVD.  
7TH FLOOR  
SARASOTA, FL 34236**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KERN, MARTIN J  
240 N WASHINGTON BLVD., 7TH FL  
SARASOTA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
BRANCH, DANIEL  
240 N WASHINGTON BLVD., 7TH FL  
SARASOTA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/12/05--01067--022 \*\*200.00

**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

Date

Daytime Phone #