2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M02000003494				7 FILED	
1. Entity Name					
FM MEDI	IC L.L.C.			2004 MAR 31 ₱ 12: 12	
		r		1 15: 15	
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE	
860 RIDGE L		860 RIDGE LAKE BLVD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MEMPHIS, TI		MEMPHIS, TN 38120			
			•) (1867387) (1) 1869 (1811) Dain Beni Beni Beni Beni Beni Bira kin alah kala birebi in 1839	
and the second	-			() () () () () () () () () ()	
. <u> </u>				03082004 No Chg-LLC CR2E083 (10/03)	
	O NOT WRITE	IN THIS SI	PACE	4. FEI Number Applied For	
				06-1668993 Not Applicat	
				5. Certificate of Status Desired See Required Fee Required	
<u> </u>	6. Name and Address of Current Re	gistered Agent	,	r ee nequileu	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO NOT WRITE	
PLANTATION, FL 33324					
`.				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 require	ed when reinstating) DATE	
Filing Fee is \$50.00					
. D	ue by May 1, 2004		•	900032649769 04/14/0401009002 **191.25	
9.	MANAGING MEMBERS	/MANAGERS		The second control and the Co	
TITLE	MGRM			* .	
NAME CTREET ADDRESS	SERVICEMASTER CONSUMER SI	ERVICES LP			
STREET ADDRESS CITY-ST-ZIP	860 RIDGE LAKE BLVD. MEMPHIS, TN 38120				
TITLE					
NAME			-		
STREET ADDRESS CITY-ST-ZIP					
TITLE			<u></u>		
NAME					
STREET ADDRESS				DO NOT WRITE	
CITY-ST-ZIP			*		
TITLE NAME			•	IN THIS SPACE	
STREET ADORESS					
CITY-ST-ZIP					
TITLE			:		
NAME STREET AODRESS			;		
CITY-ST-ZIP			. [
TITLE			:		
NAME			•		
STREET ADDRESS CITY_ST-ZIP					
	L	is filling does not qualify for t	the exemption stated in S	ection 119.07(3)(i). Florida Statutes. I further certify that the information	
11.1 hereby certify that the information supplied with this filling 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 have any any 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Da					

LAWRENCE L. MARIANO, FIT