

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90043 030 \*\*\*\*50.00

**DOCUMENT # M05000001090**

1. Entity Name  
VYMED INVESTMENTS, LLC



Principal Place of Business  
2365 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

Mailing Address  
2365 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

60040571



2. Principal Place of Business - No P.O. Box #  
774 NAT. FOREST RD - 756 (SAME)  
Suite, Apt. #, etc. (SAME)  
City & State  
SALT SPRINGS, FL. (SAME)  
Zip 32134 Country PUTNAM (SAME) (SAME)

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1945250 Applied For  
Not Applicable

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

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

WARD, DONALD  
5081 ORTEGA FOREST DRIVE  
JACKSONVILLE, FL 32210

**7. Name and Address of New Registered Agent**

Name (SAME)  
Street Address (P.O. Box Number is Not Acceptable)  
774 NAT. FOREST RD. 756  
City SALT SPRINGS FL Zip Code 32134

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 DONALD G. WARD DATE 4/23/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCAN, WILLIAM J PH.D. 555 SUN VALLEY DRIVE, SUITE P-4 ROSWELL, GA 30076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, DONALD 774 NAT FOREST RD 756 SALT SPRINGS, FL. 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DONALD G. WARD DATE 4/23/07 DAYTIME PHONE # 386-467-3607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE