

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002841

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: INTELIMEDIX, LLC

**Current Principal Place of Business:**

6810 NEW TAMPA HIGHWAY  
SUITE 400  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

6810 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 41-2205994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, DAVID  
6810 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBINSON, DAVID  
Address: 6810 NEW TAMPA HIGHWAY  
City-St-Zip: LAKELAND, FL 33815

Title: MGR ( ) Delete  
Name: MACIOCE, DARREN  
Address: 120 FIFTH AVENUE  
City-St-Zip: PITTSBURG, PA 15222

Title: MGR ( ) Delete  
Name: MUEHLBERGER, KARL  
Address: 6810 NEW TAMPA HIGHWAY  
City-St-Zip: LAKELAND, FL 33815

**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 exemption stated in Chapter 119, 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: KARL MUEHLBERGER

MR

01/16/2009

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