

2nd and. **FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 10 AM 10:38

FILING FEE
\$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M97000000153

MEDMANAGEMENT, L.L.C.
4700 NATHAN LANE NORTH
PLYMOUTH MN 55442-2599

1a. Principal Place of Business Address

4700 NATHAN LANE NORTH
PLYMOUTH MN 55442

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

03/26/1997

DE

4. FEI Number

41-1843164

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR DAVIS, JOHN J

4700 NATHAN LANE NORTH

PLYMOUTH MN

MGR Boyadjis, George

4700 Nathan Lane North

Plymouth MN

MGR Zeidner, Lewis P.

4700 Nathan Lane North

Plymouth MN

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-08/14/98--01049--001
****197.50 ****197.50

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

John J. Davis

7/21/98

612-509-2592

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2

MedManagement™
The Leader in HealthSystem Medication Management

4700 Nathan Lane North
Plymouth, MN 55442

July 21, 1998

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: Annual Report for MedManagement, L.L.C.

To Whom It May Concern:

Enclosed please find the Limited Liability Company Annual Report for 1998 along with a check in the amount of \$150.00.

As you will note, this document states that this is the 2nd and Final Notice; however, MedManagement did not receive a 1st notice for the Annual Report. I spoke with the Registration Office and was informed to provide you with written documentation to this effect. Should you have any questions, please call me at 612-509-2592.

Sincerely yours,



Heidi Ulberg
Paralegal/Compliance Coordinator

Enclosures