

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032199

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: SPECIALTY MEDICAL SYSTEMS OF FLORIDA, LLC

**Current Principal Place of Business:**

5425 BEAUMONT CENTER BLVD  
SUITE 914  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5425 BEAUMONT CENTER BLVD  
SUITE 914  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 13-4224247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARMENTROUT, GENE  
5425 BEAUMONT CENTER BLVD  
SUITE 914  
TAMPA, FL 33634 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: MGRM ( ) Delete  
Name: ARMENTROUT, GENE  
Address: 5425 BEAUMONT CENTER BLVD SUITE 914  
City-St-Zip: TAMPA, FL 33634

Title: MGRM ( ) Delete  
Name: ARMENTROUT, MICHAEL J  
Address: 3808 W. 153RD ST  
City-St-Zip: LEAWOOD, KS 66224

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ARMENTROUT, MICHAEL J  
Address: 1100 W RED BRIDGE  
City-St-Zip: KANSAS CITY, MO 64114

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: GENE ARMENTROUT      MGRM      03/24/2009

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