

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017429

FILED
Mar 28, 2008
Secretary of State

Entity Name: BRYANT MEDICAL SYSTEMS, LLC

Current Principal Place of Business:

6637 IOSA DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

6637 IOSA DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 56-2331324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEBANE, REGINA E RHIA
6637 IOSA DRIVE
JACKSONVILLE, FL 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: REGINA BRYANT MEBANE, , RHIA
Address: 6637 IOSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR () Delete
Name: MEBANE, WILLIAM G
Address: 6637 IOSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

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: REGINA BRYANT MEBANE

MGR

03/28/2008

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