

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014897

FILED
Jan 05, 2007
Secretary of State

Entity Name: THERA-MED SYSTEMS LLC

Current Principal Place of Business:

1900 S. OCEAN BLVD., #12R
POMPANO BEACH, FL 33062

New Principal Place of Business:

1515 N FEDERAL HIGHWAY
SUITE 111
BOCA RATON, FL 33432

Current Mailing Address:

1900 S. OCEAN BLVD., #12R
POMPANO BEACH, FL 33062

New Mailing Address:

10759 VERSAILLES BLVD.
WELLINGTON, FL 33467

FEI Number: 20-4282046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GANT, RICHARD A CEO
10759 VERSAILLES BLVD.
WELLINGTON, FL 33467 US

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: RICHARD GANT

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOROWAY, DAVID K
Address: 1900 S. OCEAN BLVD., #12R
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: MONSIGNORE, JASON
Address: 1900 S. OCEAN BLVD., #12R
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: SILBERSWEIG, ADAM
Address: 1900 S. OCEAN BLVD., #12R
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: CEO () Change (X) Addition
Name: GANT, RICHARD A CEO
Address: 10759 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. DAVID GOROWAY

PRES

01/05/2007

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