2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L06000038384

Entity Name: STAT MEDICAL SYSTEMS, L.L.C.

Current Principal Place of Business:

11671 LILBURN PARK ROAD
ST. LOUIS, MO 63146

New Principal Place of Business:

11704 LACKLAND INDUSTRIAL DRIVE
ST. LOUIS, MO 63146

Current Mailing Address:

11671 LILBURN PARK ROAD
ST. LOUIS, MO 63146

New Mailing Address:

11704 LACKLAND INDUSTRIAL DRIVE
ST. LOUIS, MO 63146

FEI Number: 20-4680663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS, FL 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:	MAYS, BASIL G	
Address:	1611 12TH STREET EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGR	( ) Delete
Name:	ZIEGAHN, SUZEN	
Address:	2920 5TH STREET SOUTH	
City-St-Zip:	WISCONSIN RAPIDS, WI 54494	
Title:	MGR	(X) Delete
Name:	ROEPKE, R. KEITH	
Address:	14506 WHITE BIRCH VALLEY LANE	
City-St-Zip:	CHESTERFIELD, MI 63017	
Title:	MGR	(X) Delete
Name:	BERKLUND, THOMAS	
Address:	2920 5TH STREET SOUTH	
City-St-Zip:	WISCONSIN RAPIDS, WI 54494	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	MAYS, BASIL G	
Address:	1611 12TH STREET EAST STE. C	
City-St-Zip:	PALMETTO, FL 34221	
Title:	MGR	(X) Change ( ) Addition
Name:	ROEPKE, R. KEITH	
Address:	14506 WHITE BIRCH VALLEY LANE	
City-St-Zip:	CHESTERFIELD, MO 63017	
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: BASIL G. MAYS MGR 03/26/2009

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