

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009672

Entity Name: ALEXA MEDICAL, LLC

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

5049 9TH STREET
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

5049 9TH STREET
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 20-8335006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER PA
5811 PELICAN BAY BLVD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WILLIAMS, BROOKE
4944 W SAN RAFAEL ST
TAMPA, FL 33629 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: BROOKE WILLIAMS

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STINETTE, ALBERT
Address: 5049 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: WILLIAMS, BROOKE
Address: 4944 W SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

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: BROOKE WILLIAMS

MGR

04/12/2008

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