

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000844

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** BEACON MEDICAL PRODUCTS, LLC

**Current Principal Place of Business:**

1800 OVERVIEW DRIVE  
ROCK HILL, SC 29730

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ATLAS COPCO NORTH AMERICA  
34 MAPLE AVE, PO BOX 2028  
PINE BROOK, NJ 07058

**New Mailing Address:**

**FEI Number:** 56-2067998      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGMR  
**Name:** BEACON HOLDINGS CORPORATION  
**Address:** 1800 OVERVIEW DR.  
**City-St-Zip:** ROCK HILL, SC 29730

I hereby 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: JOE AKIN

TAX

04/26/2010

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