2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2010
Secretary of State

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Entity Name: CCK MEDICAL, P.L.

Current Principal Place of Business:

1505 N. FLORIDA AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7528
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 27-0357880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASS, MICHAEL
1505 N. FLORIDA AVENUE
TAMPA, FL 33602 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
Name: CLARKSON, TODD F
Address: 100 SECOND AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR
Name: COLLINS, DONALD A
Address: 100 SECOND AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR
Name: KEITH, KRISTA M
Address: 100 SECOND AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

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 Statues.

SIGNATURE: TODD F CLARKSON MGR 01/25/2010

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