

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073579

Entity Name: CAIN MEDICAL, LLC

FILED  
Apr 05, 2010  
Secretary of State

**Current Principal Place of Business:**

13575-58TH STREET NORTH STE 136  
CLEARWATER, FL 337603746

**New Principal Place of Business:**

14004 ROOSEVELT BOULEVARD  
SUITE 601H  
CLEARWATER, FL 33762

**Current Mailing Address:**

13575-58TH STREET NORTH STE 136  
CLEARWATER, FL 337603746

**New Mailing Address:**

14004 ROOSEVELT BOULEVARD  
SUITE 601H  
CLEARWATER, FL 33762

FEI Number: 32-0259584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'LEARY, D MICHAEL  
101 E KENNEDY BLVD STE 2700  
TAMPA, FL 33602 US

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

TK REGISTERED AGENT, INC.  
101 E KENNEDY BOULEVARD  
SUITE 2700  
TAMPA, FL 33602 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: D. MICHAEL O'LEARY

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAIN, STUART J PS  
Address: 67 ELIZABETH WAY  
City-St-Zip: CAMBRIDGE, - CB4 1DB

Title: MGRM  
Name: CAIN, NICHOLAS J VP  
Address: 67 ELIZABETH WAY  
City-St-Zip: CAMBRIDGE, - CB4 1DB

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: STUART J. CAIN

MGRM

04/05/2010

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