

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078936

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: ALPHA MEDICAL INNOVATIONS, L.L.C.

## Current Principal Place of Business:

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE, SUITE 1800  
WEST PALM BEACH, FL 33041

## New Principal Place of Business:

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE, SUITE 1800  
WEST PALM BEACH, FL 33041

## New Mailing Address:

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DRIVE, SUITE 1800  
WEST PALM BEACH, FL 33041 US

## Name and Address of New Registered Agent:

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 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:

04/05/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: ABDO, PETER A  
Address: 14 VICTORIA SQUARE  
City-St-Zip: LONDON, EN SW1 W0RA UK

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: PETER A. ABDO

MGR

04/05/2011

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