2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'CONNELL, BRIAN M ESQ.
515 NORTH FLAGLER DRIVE 20TH FLOOR
WEST PALM BEACH, FL 33401 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: ABDO, PETER A
Address: 14 VICTORIA SQUARE
City-St-Zip: LONDON, EN SWI 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 Statues.

SIGNATURE: PETER A ABDO MGR 04/18/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date