

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063421

Entity Name: ATQOL MEDICAL, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS  
GOLD COAS, 4220 QUEENSLAND  
AUSTRALIA, XX

## **Current Mailing Address:**

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS  
GOLD COAS, 4220 QUEENSLAND  
AUSTRALIA, XX

## **New Principal Place of Business:**

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS  
GOLD COAST  
QUEENSLAND, XX 4220 AU

## **New Mailing Address:**

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS  
GOLD COAST  
QUEENSLAND, XX 4220 AU

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

FUERST, MITCHELL S  
1001 BRICKELL BAY DRIVE, 32ND FLOOR  
MIAMI, FL 33131 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: MGRM  
Name: WOODLEY, JOHN V  
Address: 8/8 FORTITUDE CRESCENT, BURLEIGH HEADS  
City-St-Zip: GLD CST, QUEENSLAND, AUSTRALIA, XX

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: JOHN V. WOODLEY

MGR

04/30/2012

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