

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073579

**Entity Name:** CAIN MEDICAL, LLC

**Current Principal Place of Business:**

14004 ROOSEVELT BOULEVARD  
SUITE 601H  
CLEARWATER, FL 33762

**Current Mailing Address:**

67 ELIZABETH WAY  
CAMBRIDGE, CB4 1DB GB

**FEI Number:** 32-0259584

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	CAIN, STUART J	Name	CAIN, NICHOLAS J DR.
Address	67 ELIZABETH WAY	Address	67 ELIZABETH WAY
City-State-Zip:	CAMBRIDGE CB4 1DB	City-State-Zip:	CAMBRIDGE CB4 1DB

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART CAIN

MR

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date