

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006167

Entity Name: NOVALIS MEDICAL, LLC

FILED  
Jul 10, 2006  
Secretary of State

## Current Principal Place of Business:

1719 W KENNEDY BLVD  
TAMPA, FL 33606

## New Principal Place of Business:

6202 BENJAMIN ROAD  
SUITE 112  
TAMPA, FL 33634

## Current Mailing Address:

1719 W KENNEDY BLVD  
TAMPA, FL 33606

## New Mailing Address:

6202 BENJAMIN ROAD  
SUITE 112  
TAMPA, FL 33634

FEI Number: 59-3651294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ALMEIDA, STEPHEN  
813 S. WESTSHORE BLVD.  
TAMPA, FL 33609      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      ( ) Delete  
Name: ALMEIDA, STEPHEN  
Address: 813 S. WESTSHORE BLVD.  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEPHEN ALMEIDA

PRES

07/10/2006

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