

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000000136

FILED  
Sep 18, 2002  
Secretary of State

Entity Name: REDMEDICAL, L.L.C.

## Current Principal Place of Business:

1717 N. BAYSHORE DRIVE, #3155  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

1717 N. BAYSHORE DRIVE, #3155  
MIAMI, FL 33132

## New Mailing Address:

3201 WEST GRIFFIN ROAD  
SUITE102  
FORT LAUDERDALE, FL 33312

FEI Number: 65-1062108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORLAND, DAVID K  
1717 N. BAYSHORE DR. #3155  
MIAMI, FL 33132 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/MEMBERS:

Title: P ( ) Delete  
Name: WORLAND, DAVID  
Address: 1717 N BAYSHORE DR # 3155  
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete  
Name: RATTRAY, IAN  
Address: 1717 N BAYSHORE DR # 3155  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WORLAND, DAVID  
Address: 1717 N BAYSHORE DR # 3155  
City-St-Zip: MIAMI, FL 33132

Title: MGR (X) Change ( ) Addition  
Name: RATTRAY, IAN  
Address: 1717 N BAYSHORE DR # 3155  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID WORLAND

MGR

09/18/2002

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