2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000136

Entity Name: REDMEDICAL, L.L.C.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 N. BAYSHORE DRIVE, #3155 3201 WEST GRIFFIN ROAD

MIAMI, FL 33132 SUITE 102

FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

MGR

WORLAND, DAVID

RATTRAY, IAN

5800 LEONARDO ST

5800 LEONARDO ST

CORAL GABLES, FL 33146

CORAL GABLES, FL 33146

(X) Change () Addition

(X) Change () Addition

() Change () Addition

Current Mailing Address: 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: Name and Address of New Registered Agent:

WORLAND, DAVID K WORLAND, DAVID K 1717 N. BAÝSHORE DR. #3155 5800 LEONARDO ST

CORAL GABLES, FL 33146 US MIAMI, FL 33132

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: 01/30/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGR () Delete WORLAND, DAVID

Address: 1717 N BAYSHORE DR # 3155

City-St-Zip: MIAMI, FL 33132

Name:

Title: MGR () Delete

Name: RATTRAY, IAN Address: 1717 N BAYSHORE DR # 3155

City-St-Zip: MIAMI, FL 33132

Title: MGR () Delete

WILDER, DONNA Name:

Address:

Name: 3201 WEST GRIFFIN RD. SUITE 102 Address: City-St-Zip: DANIA, FL 33312 City-St-Zip:

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: DONNA WILDER 01/30/2004