

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000136

Entity Name: REDMEDICAL, L.L.C.

FILED  
Mar 08, 2007  
Secretary of State

## Current Principal Place of Business:

3201 WEST GRIFFIN ROAD  
SUITE 102  
FORT LAUDERDALE, FL 33312

## Current Mailing Address:

3201 WEST GRIFFIN ROAD  
SUITE102  
FORT LAUDERDALE, FL 33312

## New Principal Place of Business:

3201 WEST GRIFFIN ROAD  
SUITE 102  
FORT LAUDERDALE, FL 333126900

## New Mailing Address:

3201 WEST GRIFFIN ROAD  
SUITE102  
FORT LAUDERDALE, FL 333126900

FEI Number: 65-1062108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WORLAND, DAVID K  
5800 LEONARDO ST  
CORAL GABLES, FL 33146 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: MGR ( ) Delete  
Name: WORLAND, DAVID K  
Address: 5800 LEONARDO ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: RATTRAY, IAN  
Address: 428 LAKE POINTE SOUTH LANE  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES:

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

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: DAVID K. WORLAND

MGR

03/08/2007

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