2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L01000000136

Entity Name: REDMEDICAL, L.L.C.

Current Principal Place of Business:

3201 WEST GRIFFIN ROAD
SUITE 102
FORT LAUDERDALE, FL 333126900

New Principal Place of Business:

Current Mailing Address:

3201 WEST GRIFFIN ROAD
SUITE102
FORT LAUDERDALE, FL 333126900

New Mailing Address:

3201 WEST GRIFFIN ROAD
SUITE 102
FORT LAUDERDALE, FL 333126900

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

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

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: RATTRAY, ROBERT I
Address: 7041 MONTRICO DRIVE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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 P 03/27/2009

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