

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006880

Entity Name: FIRST LINK MEDICAL, LLC

FILED  
May 25, 2007  
Secretary of State

## Current Principal Place of Business:

1255 INDIAN ROCKS RD #1  
LARGO, FL 33774

## New Principal Place of Business:

2938 WEST BAY DRIVE SUITE B  
BELLEAIR BLUFFS, FL 33770

## Current Mailing Address:

1255 INDIAN ROCKS RD #1  
LARGO, FL 33774

## New Mailing Address:

2938 WEST BAY DRIVE SUITE B  
BELLEAIR BLUFFS, FL 33770

FEI Number: 59-3718700      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:

HENDERSON, MARY JO  
1255 INDIAN ROCKS RD #1  
LARGO, FL 33774      US

## Name and Address of New Registered Agent:

HENDERSON, MARY JO  
2938 WEST BAY DRIVE SUITE B  
BELLEAIR BLUFFS, FL 33774      US

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:

05/25/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: HENDERSON, MARY J  
Address: 118 - 15TH STREET  
City-St-Zip: BELLEAIR BEACH, FL 33786

## 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 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: MARY JO HENDERSON

MGR

05/25/2007

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