

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033862

FILED
Jan 03, 2007
Secretary of State

Entity Name: ATLAS MEDICAL TECHNOLOGIES OF FLORIDA, L.L.C.

Current Principal Place of Business:

14605 49TH STREET NORTH
SUITE 13
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

14605 49TH STREET NORTH
SUITE 13
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 43-1995749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHRS, DENIS A
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762 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: BREWER, RONALD D PRES.
Address: 585 FOREST PARKWAY E.
City-St-Zip: LARGO, FL 33771 US

Title: MGR () Delete
Name: SCHOLZ, RICHARD H V.PRES
Address: 1215 WILLOW ICK CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR () Delete
Name: STOCKTON, RICHARD CFO
Address: 1137 EAST PHILADELPHIA
City-St-Zip: ONTARIO, CA 91761 US

ADDITIONS/CHANGES:

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

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: RONALD BREWER

MGR

01/03/2007

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