

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014385

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** MEDTRON OF NEW JERSEY, LLC

**Current Principal Place of Business:**

5400 S. UNIVERSITY DR., STE. 405  
COOPER CITY, FL 33328

**New Principal Place of Business:**

5400 S. UNIVERSITY DR., STE. 405  
DAVIE, FL 33328

**Current Mailing Address:**

5400 S. UNIVERSITY DR., STE. 405  
COOPER CITY, FL 33328

**New Mailing Address:**

5400 S. UNIVERSITY DR., STE. 405  
DAVIE, FL 33329

**FEI Number:** 14-1880426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

HERNANDEZ, FRANK C  
5400 SOUTH UNIVERSITY DRIVE  
SUITE 405  
DAVIE, FL 33328 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: FRANK C. HERNANDEZ

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HERNANDEZ, FRANK C  
Address: 5400 S. UNIVERSITY DR., STE. 405  
City-St-Zip: COOPER CITY, FL 33328

**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 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: FRANK C. HERNANDEZ

MGR

04/29/2004

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