


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 016 ****50.00

DOCUMENT # L04000004029		
1. Entity Name LDD MEDICAL, LLC		

Principal Place of Business 1611 WEST PLATT STREET TAMPA, FL 33606	Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606
--	--

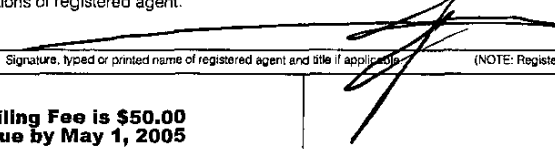
20049885



2. Principal Place of Business 13336 NORTH CENTRAL AVE.		3. Mailing Address 13336 NORTH CENTRAL AVE.		04202005	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State TAMPA, FL		City & State TAMPA FL		4. FEI Number 20-0598835		Applied For Not Applicable
Zip 33612	Country USA	Zip 33612	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent BEKHOR, DAVID 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

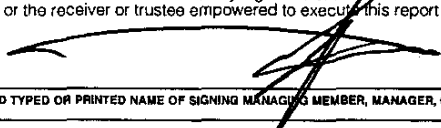
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/21/05**

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEKHOR, DAVID 1611 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13336 NORTH CENTRAL AVENUE TAMPA FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NANNI, LAURA 1611 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603 WATERWOOD CT. LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CROOKS, GARY W 1611 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13336 NORTH CENTRAL AVENUE TAMPA FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCTAGGART, JOHN D 1611 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1612 CULBREATH ISLES DRIVE TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **4/21/05** Daytime Phone #