

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004029

Entity Name: LDD MEDICAL, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

13336 NORTH CENTRAL AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

13336 NORTH CENTRAL AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-0598835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEKHOR, DAVID
13336 NORTH CENTRAL AVENUE
TAMPA, FL 33612 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: BEKHOR, DAVID
Address: 13336 NORTH CENTRAL AVE
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: NANNI, LAURA
Address: 603 WATERWOOD CT
City-St-Zip: LUTZ, FL 33548

Title: S () Delete
Name: CROOKS, GARY W
Address: 13336 NORTH CENTRAL AVE
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: MCTAGGART, JOHN D
Address: 13336 NORTH CENTRAL AVE
City-St-Zip: TAMPA, FL 33629

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:

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: DAVID BEKHOR

P

04/27/2007

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