

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L04000028801

Entity Name: STEEDE MEDICAL LLC

Current Principal Place of Business:

11435 NW 34TH STREET
STE 1201
DORAL, FL 33178 US

New Principal Place of Business:

11433 NW 34TH STREET
DORAL, FL 33178 US

Current Mailing Address:

11435 NW 34TH STREET
STE 1201
DORAL, FL 33178 US

New Mailing Address:

11433 NW 34TH STREET
DORAL, FL 33178 US

FEI Number: 20-1399388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: STEEDE, LOUIS L C
Address: 11435 NW 34TH STREET, STE 1201
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: STEEDE, ELENA D
Address: 11435 NW 34TH STREET, STE 1201
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEEDE, LOUIS L C
Address: 11433 NW 34TH STREET
City-St-Zip: DORAL, FL 33178 US

Title: MGRM (X) Change () Addition
Name: STEEDE, ELENA D
Address: 11433 NW 34TH STREET
City-St-Zip: DORAL, FL 33178 US

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: LOUIS STEEDE

MGRM

04/29/2008

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