

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069247

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: OMNI MEDICAL SYSTEMS, LLC

## Current Principal Place of Business:

1445 HIGHLAND PARK DR  
LAKE WHALES, FL 33898

## New Principal Place of Business:

## Current Mailing Address:

1445 HIGHLAND PARK DR  
LAKE WHALES, FL 33898

## New Mailing Address:

FEI Number: 20-1654188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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/MEMBERS:

Title: MGRS ( ) Delete  
Name: PORTERFIELD, JAMES G  
Address: 1445 HIGHLAND PARK DR  
City-St-Zip: LAKE WHALES, FL 33898

Title: MGR ( ) Delete  
Name: EUGAN, PAUL R  
Address: 1445 HIGHLAND PARK DR  
City-St-Zip: LAKE WHALES, FL 33898

Title: T ( ) Delete  
Name: AMUNDSON, MERLE G  
Address: 1445 HIGHLAND PARK DR  
City-St-Zip: LAKE WHALES, FL 33898

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PORTERFIELD, JAMES G  
Address: 1445 HIGHLAND PARK DR  
City-St-Zip: LAKE WHALES, FL 33898

Title: MGR (X) Change ( ) Addition  
Name: EAGAN, PAUL R  
Address: 1878 LODGEPOLE DR.  
City-St-Zip: MILTON, FL 32583

Title: MGR (X) Change ( ) Addition  
Name: AMUNDSON, MERLE G  
Address: 2525 ATWELL COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JAMES G. PORTERFIELD

MGR

01/20/2005

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