

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069247

FILED
Jan 24, 2007
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/MANAGERS:

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

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

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

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES GARY PORTERFIELD

MJR

01/24/2007

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