2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090591

Entity Name: QED MEDICAL SOLUTIONS, L.L.C.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5407 BLUE HERON LANE 3280 TAMIAMI TRL

WESLEY CHAPEL, FL 335434441 STE 491

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

5407 BLUE HERON LANE 3280 TAMIAMI TRL PMB296 WESLEY CHAPEL, FL 335434441

STE55A

PORT CHARLOTTE, FL 33952

FEI Number: 33-1107134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KREPLICK, LANCE M.D. KREPLICK, LANCE L M.D. 5407 BLUE HERON LANE 3280 TAMIÁMI TRAIL

WESLEY CHAPEL, FL 335434441 US STE491 PORT CHARLOTTE, FL 339528086 US

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: LANCE WESTON KREPLICK M.D. 01/14/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition KREPLICK, LANCE M.D. KREPLICK, LANCE L M.D. Name: Name: Address: 5407 BLUE HERON LANE Address: 3280-55A TAMIAMI TRAIL, PMB 296 City-St-Zip: WESLEY CHAPEL, FL 335434441 City-St-Zip: PORT CHARLOTTE, FL 339528086

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: LANCE WESTON KREPLICK M.D. 01/14/2009