

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064522

FILED
Jul 10, 2008
Secretary of State

Entity Name: PHYSIOMEDICS MANUFACTURING, LLC

Current Principal Place of Business:

15320 MINNETONKA BLVD., SUITE 104
MINNETONKA, MN 55345

New Principal Place of Business:

15105 MINNETONKA INDUSTRIAL ROAD
SUITE 225
MINNETONKA, MN 55345

Current Mailing Address:

15320 MINNETONKA BLVD., SUITE 104
MINNETONKA, MN 55345

New Mailing Address:

15105 MINNETONKA INDUSTRIAL ROAD
SUITE 225
MINNETONKA, MN 55345

FEI Number: 20-2996230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEFSON, MARK L
3661 WILD PINES DRIVE, SUITE A307
BONITA SPRINGS, FL 34134 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: JOSEFSON, MARK L
Address: 15320 MINNETONKA BLVD., SUITE 104
City-St-Zip: MINNETONKA, MN 55345

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOSEFSON, MARK L
Address: 15105 MINNETONKA INDUSTRIAL RD., SUITE 225
City-St-Zip: MINNETONKA, MN 55345

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: MARK L. JOSEFSON

MGR

07/10/2008

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