

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109118

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** D & R MEDICAL INNOVATIONS, LLC

**Current Principal Place of Business:**

2886 S. OSCEOLA AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

2886 S. OSCEOLA AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 20-3731043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCHENA, MARCOS R  
MARCHENA AND GRAHAM, P.A.  
976 LAKE BALDWIN LANE, SUITE 101  
ORLANDO, FL 32814 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  
**Name:** DIAZ-BORDON, PEDRO  
**Address:** 2886 S. OSCEOLA AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** MGRM  
**Name:** Riestra, Jose R  
**Address:** 1900 S.W. 3RD AVENUE  
**City-St-Zip:** MIAMI, FL 33129

I hereby 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:** PEDRO DIAZ-BORDON

MGRM

04/20/2010

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