2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# L06000006485

Entity Name: FUSION MEDICAL, LLC

Current Principal Place of Business:

347 N. NEW RIVER DRIVE EAST, UNIT 3008
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

411 N NEW RIVER DRIVE EAST
201
FT. LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 30494
FT. LAUDERDALE, FL 33303

New Mailing Address:

FEI Number: 20-4325467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALLARD, GARY L
500 N. OLEANDER AVENUE
DAYTONA BEACH, FL 32118 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: SOUZA, ALINE MGR
Address: P.O. BOX 30494
City-St-Zip: FORT LAUDERDALE, FL 33303

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALINE SOUZA MGR 05/11/2009

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