

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006485

Entity Name: FUSION MEDICAL, LLC

**FILED**  
**Aug 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1404 B EAST LAS OLAS BLVD., #30494  
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**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 ( )

**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  
Name: SOUZA, ALINE MGR  
Address: P.O. BOX 30494  
City-St-Zip: FORT LAUDERDALE, FL 33303

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: ALINE SOUZA

MGR

08/01/2011

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