

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020651

FILED
Mar 31, 2009
Secretary of State

Entity Name: DURASPINE MEDICAL TECHNOLOGIES, LLC

Current Principal Place of Business:

713 TROTWOOD TRACE COURT
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

713 TROTWOOD TRACE COURT
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-4406694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YONG, FRANK J
4570 ST. JOHNS AVENUE, SUITE A
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

YONG, FRANK J
4570 ST. JOHNS AVENUE, SUITE 1A
JACKSONVILLE, FL 32210 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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOMINGUEZ, LEONEL
Address: 713 TROTWOOD TRACE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: DOMINGUEZ, FIONNUALA C
Address: 713 TROTWOOD TRACE COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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

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: LEONEL DOMINGUEZ

MGRM

03/31/2009

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