

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000020651

**FILED**  
**Apr 28, 2010**  
**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 1A  
JACKSONVILLE, FL 32210 US

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

YONG, FRANK J  
4575 ST. JOHNS AVENUE, SUITE 4  
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:

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: LEONEL DOMINGUEZ

PRES

04/28/2010

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