

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034089

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: CORE MEDICAL, LLC

**Current Principal Place of Business:**

710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2377  
TAMPA, FL 33601 US

**New Mailing Address:**

FEI Number: 20-4607089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATLANTIC ACQUISITIONS, LLC  
710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606 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: THOMAS, CHRISTENBERRY T III  
Address: 710 WEST BAY STREET, SUITE B  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OWENS, RICH  
Address: 710 WEST BAY STREET, SUITE B  
City-St-Zip: TAMPA, FL 33606 US

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: RICH OWENS

MGR

01/18/2008

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