2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# L06000050499

Entity Name: FULL MOON MEDICAL, LLC

Current Principal Place of Business:

7907 COLLEY ROAD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

7907 COLLEY ROAD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4878908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAINARD, RHONDA L
7907 COLLEY ROAD
ODESSA, FL 33556 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: BRAINARD, RHONDA L
Address: 7907 COLLEY ROAD
City-St-Zip: ODESSA, FL 33556

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 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: RHONDA L BRAINARD MGR 04/12/2007

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