


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 046 ****50.00

DOCUMENT # L06000070079					
1. Entity Name MEDICAL DEVICE RESEARCH & CONSULTANTS LLC					
Principal Place of Business 3753 NW 26TH TERRACE GAINESVILLE, FL 32605			Mailing Address 3753 NW 26TH TERRACE GAINESVILLE, FL 32605		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1512300	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, DAMION 7905 NW 71ST AVE TAMARAC, FL 33321			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JEFFREY 3753 NW 26TH TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, OSEI DR. 790 LEE STREET SUITE 103 DES PLAINS, IL 60016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jeffrey Walker</u>		<u>4/26/07</u>		<u>352-216-5291</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	