

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070079

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MEDICAL DEVICE RESEARCH & CONSULTANTS LLC

**Current Principal Place of Business:**

3753 NW 26TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

3753 NW 26 TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

3753 NW 26TH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

P.O. BOX 358571  
GAINESVILLE, FL 32635

FEI Number: 61-1512300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CAMPBELL, DAMION  
7905 NW 71ST AVE  
TAMARAC, FL 33321      US

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

CAMPBELL, DAMION  
3361 NW 47TH TERRACE AVE  
#223  
LAUDERDALE LAKES, FL 33319      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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WALKER, JEFFREY  
Address: 3753 NW 26TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR      ( ) Delete  
Name: JOHNSON, OSEI DR.  
Address: 790 LEE STREET SUITE 103  
City-St-Zip: DES PLAINS, IL 60016

**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: JEFFREY WALKER

MGR

05/01/2009

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