2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# L06000089221

Entity Name: EF MEDICAL, LLC

Current Principal Place of Business:

1603 MINERVA AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1603 MINERVA AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-5524378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY PROFESSIONAL ASSOC.
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FOSHEE, JOHN P
Address: 1603 MINERVA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA ( ) Change (X) Addition
Name: EYRICK, CHRISTOPHER
Address: 1603 MINERVA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

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: JOHN P FOSHEE PRES 03/05/2007

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