

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089221

Entity Name: EF MEDICAL, LLC

FILED  
Mar 09, 2009  
Secretary of State

**Current Principal Place of Business:**

1603 MINERVA AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3621 HENDRICKS AVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1603 MINERVA AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

3621 HENDRICKS AVE  
JACKSONVILLE, FL 32207

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOSHEE, JOHN P  
Address: 3621 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA (X) Change ( ) Addition  
Name: EYRICK, CHRISTOPHER  
Address: 3621 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

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: JOHN P FOSHEE

MGM

03/09/2009

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