

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093680

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: R2 MEDICAL, LLC

**Current Principal Place of Business:**

8750 NORTHWEST 18TH STREET  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8750 NORTHWEST 18TH STREET  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 20-5597370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

REEVES, JONATHAN  
8750 NW 18TH STREET  
CORAL SPRINGS, FL 33071 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: JONATHAN REEVES

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REEVES, JONATHAN W MBA  
Address: 8750 NORTHWEST 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR ( ) Delete  
Name: REEVES, WILLIAM H PHD  
Address: 8750 NORTHWEST 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete  
Name: REEVES, CAROLE C PHD  
Address: 8750 NORTHWEST 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: REEVES, MARY M  
Address: 8750 NORTHWEST 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN REEVES

MGR

04/30/2008

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