

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093680

FILED  
Mar 05, 2009  
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:**

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

MGR

03/05/2009

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