2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2010
Secretary of State

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Entity Name: AA MEDICAL SOFTWARE DEVELOPERS LLC

Current Principal Place of Business:

(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-8066309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS, ANTONIO
140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 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
Name: ARIAS, ANTONIO
Address: (NCG) 140 N WESTMONTE DR SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby 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 Statues.

SIGNATURE: ANTONIO ARIAS MGRM 03/09/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date