

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122354

Entity Name: GHIMEDICAL, LLC

FILED  
Apr 02, 2008  
Secretary of State

## Current Principal Place of Business:

915 HARBOR LAKE COURT  
SUITE B  
SAFETY HARBOR, FL 34695 US

## Current Mailing Address:

915 HARBOR LAKE COURT  
SUITE B  
SAFETY HARBOR, FL 34695 US

## New Principal Place of Business:

28059 US HWY 19 N  
SUITE 300  
CLEARWATER, FL 33761 US

## New Mailing Address:

28059 US HWY 19 N  
SUITE 300  
CLEARWATER, FL 33761 US

FEI Number: 68-0641406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

YANNELLO, DEAN J  
915 HARBOR LAKE COURT  
SUITE B  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

YANNELLO, DEAN J  
28059 US HWY 19 N.  
SUITE 300  
CLEARWATER, FL 33761 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:

04/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: YANNELLO, DEAN J  
Address: 915 HARBOR LAKE COURT, STE B  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete  
Name: CIBAS, JONAS  
Address: 915 HARBOR LAKE COURT, STE B  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: YANNELLO, DEAN J  
Address: 28059 US HWY 19 N. SUITE 300  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM (X) Change ( ) Addition  
Name: TESTA, MICHELLE L  
Address: 28059 US HWY 19 N. SUITE 300  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR ( ) Change (X) Addition  
Name: GOSTYLA, SCOTT  
Address: 28059 US HWY 19 N. SUITE 300  
City-St-Zip: CLEARWATER, FL 33761

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: SCOTT GOSTYLA

MGR

04/02/2008

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