

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006655

FILED
Apr 30, 2008
Secretary of State

Entity Name: MCCLAIN MEDICAL DISTRIBUTION, LLC

Current Principal Place of Business:

701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, LAWRENCE W
701 U.S. HIGHWAY ONE, STE 402
NORTH PALM BEACH, FL 33408 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: MCCLAIN, BENJAMIN J
Address: 701 U.S. HIGHWAY ONE, STE 402
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

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: BENJAMIN MCCLAIN

MGR

04/30/2008

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