

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070350

FILED
Apr 15, 2009
Secretary of State

Entity Name: CONCEPTUAL MEDICAL TECHNOLOGY SYSTEMS, LLC

Current Principal Place of Business:

7406 SPRING COURT
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

7406 SPRING COURT
TAMPA, FL 33634

New Mailing Address:

FEI Number: 26-0512913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, DAVID A ESQ
608 WEST HORATION STREET
TAMPA, FL 336062228 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 () Delete
Name: JONES, MAUREEN LEVY M.D.
Address: 7406 SPRING COURT
City-St-Zip: TAMPA, FL 33634

Title: SECT () Delete
Name: JONES, DONALD E MR.
Address: 7406 SPRING CT
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

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: MAUREEN LEVY

DR

04/15/2009

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