2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# L07000082320

Entity Name: PACE MEDICAL, LLC

Current Principal Place of Business:

3793 W CRYSTAL DOWNS PATH
LECANTO, FL 34461

New Principal Place of Business:

25828 FEATHER RIDGE LN
SORRENTO, FL 32776

Current Mailing Address:

3793 W CRYSTAL DOWNS PATH
LECANTO, FL 34461

New Mailing Address:

25828 FEATHER RIDGE LN
SORRENTO, FL 32776

FEI Number: 26-0709719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MEHOUS, KRISTY
Address: 3793 W CRYSTAL DOWNS PATH
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MEHOUS, KRISTY
Address: 25828 FEATHER RIDGE LN
City-St-Zip: SORRENTO, FL 32776

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: KRISTY MEHOUS CFO 03/04/2008

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