2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

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Entity Name: S.H.S. MEDICAL, L.L.C.

Current Principal Place of Business:

105 NORTH BAYSHORE DRIVE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 26-0765827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOMKA, HOWARD P
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695 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
Name: TOULOUMIS, WILLIAM E
Address: 100 MAIN STREET, SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: AMGR
Name: TOULOUMIS, GEORGE E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOUMIS, JOHN E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOUMIS, FRANK E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOUMIS, STATHY L
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: SLOMKA, HOWARD P
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

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: WILLIAM E TOULOUMIS MGR 04/28/2010

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