2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097556

Entity Name: STEMI SOLUTIONS, LLC

6980 HARPER VIEW COURT

CLEMMONS, NC 27012

Address:

City-St-Zip:

FILED Apr 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 895 KINGS POST ROAD ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 2801 KEELEY COURT WATERFORD, MI 48328 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHALEN, TIM 895 KINGS POST ROAD US ROCKLEDGE, FL 32955 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PHALEN, TIM Name: Name: 895 KINGS POST ROAD Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PHALEN, LEANNE Name: Name: Address: 895 KINGS POST ROAD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVANZO, JOHN Name: Name: Address: 2801 KEELEY COURT Address: City-St-Zip: WATERFORD, MI 48328 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STARLING-EFWARDS, STEPHANIE Name: STARLING-EDWARDS, STEPHANIE 3609 SHACKTOWN ROAD 3609 SHACKTOWN ROAD Address: Address: City-St-Zip: YADKINVILLE, NC 27055 City-St-Zip: YADKINVILLE, NC 27055 Title: MGRM () Delete Title: () Change () Addition MONK, LISA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN DAVANZO MGRM 04/20/2008