

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102368

Entity Name: KORUNDA MEDICAL, LLC

FILED  
Mar 01, 2009  
Secretary of State

**Current Principal Place of Business:**

4513 EXECUTIVE DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

9089 THE LANE  
NAPLES, FL 34109

**New Mailing Address:**

PO BOX 110820  
NAPLES, FL 34108

FEI Number: 26-1204381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KORUNDA, ZDENKO  
9089 THE LANE  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

KORUNDA, ZDENKO  
4513 EXECUTIVE DRIVE  
NAPLES, FL 34119 US

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: ZDENKO KORUNDA

03/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KORUNDA, ZDENKO  
Address: 9089 THE LANE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KORUNDA, ZDENKO  
Address: 4513 EXECUTIVE DRIVE  
City-St-Zip: NAPLES, FL 34119

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: ZDENKO KORUNDA

PD

03/01/2009

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