

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105424

Entity Name: MEDPRO DEVICES, LLC

FILED  
May 05, 2008  
Secretary of State

## Current Principal Place of Business:

1864 INLET COVE COURT  
ORANGE PARK, FL 32003

## New Principal Place of Business:

## Current Mailing Address:

1864 INLET COVE COURT  
ORANGE PARK, FL 32003

## New Mailing Address:

FEI Number: 26-1347453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC  
554 LOMAX STREET  
JACKSONVILLE, FL 32204 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: COLLIS, BRIAN  
Address: 1864 INLET COVE COURT  
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR ( ) Change (X) Addition  
Name: STEWART, JAMES  
Address: 1864 INLET COVE COURT  
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR ( ) Change (X) Addition  
Name: STEWART, AMY  
Address: 1864 INLET COVE COURT  
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR ( ) Change (X) Addition  
Name: LANTIGUA, JOSE  
Address: 1864 INLET COVE COURT  
City-St-Zip: ORANGE PARK, FL 32003

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: BRIAN COLLIS

MGR

05/05/2008

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