

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106812

FILED
Jan 21, 2009
Secretary of State

Entity Name: MEDICAL DEVICE EXPERTS, LLC

Current Principal Place of Business:

213 HERON AVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

213 HERON AVE
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-1423097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAB, WILLIAM R
213 HERON AVE
NAPLES, FL 34108 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: PETER, FREDERICK H JR.
Address: 1237 YORKSHIRE LN
City-St-Zip: BARRINGTON, IL 60010 US

Title: MGRM () Delete
Name: KNAB, WILLIAM R
Address: 213 HERON AVE
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM R. KNAB

MGRM

01/21/2009

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