

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106812

**FILED**  
**Mar 12, 2010**  
**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  
**Name:** PETER, FREDERICK H JR.  
**Address:** 1237 YORKSHIRE LN  
**City-St-Zip:** BARRINGTON, IL 60010 US

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

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 Statutes.

SIGNATURE: WILLIAM R KNAB

MGRM

03/12/2010

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