2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L07000107409

Entity Name: MUA MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

6245 N. FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

6245 N. FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 61-1545242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEMBER, CHRISTOPHER T HARKINS
6245 N FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE, FL, FL 33308 US

Name and Address of New Registered Agent:

MEMBER, CHRISTOPHER T HARKINS
6245 N FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE, FL 33308 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: 03/31/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: UNIVERSAL MEDICAL CO, NCEPTS, INC.
Address: 6245 N. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

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: UNIVERSAL MEDICAL CONCEPTS MGR 03/31/2009

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