

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111915

Entity Name: GSE MEDICAL, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458

New Mailing Address:

FEI Number: 30-0482500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESSER, EDWARD D
275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458 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: MUNSON, GAVIN
Address: 1040 SEMINOLE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: CASORIA, SIMON
Address: 1040 SEMINOLE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: DESSER, EDWARD
Address: 275 MURCIA DRIVE
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES:

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

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: EDWARD DESSER

MGMR

03/23/2009

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