2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000113651

Entity Name: GAP MEDICAL TECHNOLOGIES LLC

Current Principal Place of Business:

1395 BRICKELL AVENUE, SUITE 720
MIAMI, FL 33131

New Principal Place of Business:

1395 BRICKELL AVENUE, SUITE 866
MIAMI, FL 33131

Current Mailing Address:

1395 BRICKELL AVENUE, SUITE 720
MIAMI, FL 33131

New Mailing Address:

1395 BRICKELL AVENUE, SUITE 866
MIAMI, FL 33131

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: BRENO R GOMES 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SOARES, ARTHUR
Address: 1395 BRICKELL AVENUE, SUITE 720
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOARES, ARTHUR
Address: 1395 BRICKELL AVENUE, SUITE 866
City-St-Zip: MIAMI, FL 33131

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: ARTHUR SOARES MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date