

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122415

Entity Name: ST. KITTS MEDICAL, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

390 N ORANGE AVE  
STE 1500  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

390 N ORANGE AVE  
STE 1500  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, WUCKER H  
180 PARK AVE NORTH  
STE 2A  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

BYRD, TUCKER H  
180 PARK AVE NORTH  
STE 2A  
WINTER PARK, FL 32789 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: TUCKER H BYRD

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: BYRD, TUCKER H  
Address: 1770 SPRUCE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

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: TUCKER H BYRD

MGRM

04/30/2008

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