

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122415

Entity Name: ST. KITTS MEDICAL, LLC

FILED
May 05, 2009
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: 26-1556549 FEI Number Applied For () 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:

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

Name and Address of New Registered Agent:

BYRD, TUCKER H
1770 SPRUCE AVENUE
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

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: TUCKER H BYRD

MGRM

05/05/2009

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