2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010655

Name:

Address:

City-St-Zip:

Entity Name: FIRST LINK MEDICAL INTERNATIONAL, LLC

FILED Aug 31, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2938 WEST BAY DRIVE, SUITE B BELLEAIR BLUFFS, FL 33770	118 15TH STREET BELLEAIR BEACH, FL 33786 US
Current Mailing Address:	New Mailing Address:
2938 WEST BAY DRIVE, SUITE B BELLEAIR BLUFFS, FL 33770	118 15TH STREET BELLEAIR BEACH, FL 33786 US
In accordance with s. 607.193(2)(b), F.S., the limited liability company did	•
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HENDERSON, MARY JO 2938 WEST BAY DRIVE, SUITE B BELLEAIR BLUFFS, FL 33770 US	HENDERSON, MARY JO 118 15TH STREET BELLEAIR BEACH, FL 33786 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both
SIGNATURE:	08/31/2009
Electronic Signature of Registered Agent	Date
MANAGING MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: () Delete Name: Address: City-St-Zip:	Title: MGRM () Change (X) Addition Name: HENDERSON, MARY J Address: 118 15TH STREET City-St-Zip: BELLEAIR BEACH, FL 33786 US
Title: () Delete	Title: MGRM () Change (X) Addition

Name:

Address:

FEILER, LINDA K

City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

50 HARBOR VIEW LANE #24

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: MARY J HENDERSON MGRM 08/31/2009